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**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF CALIFORNIA**

TULE RIVER INDIAN TRIBE OF  
CALIFORNIA; AND LYTTON BAND  
OF POMO INDIANS,

Plaintiffs,

vs.

MCKINSEY AND COMPANY, INC.

Defendant.

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) Case No: 3:21-md-02996

) **COMPLAINT FOR DAMAGES**  
) **AND DEMAND FOR JURY**  
) **TRIAL**

- ) (1) Violations of Racketeer  
) Influenced and Corrupt  
) Organizations Act (RICO), 18  
) U.S.C. § 1961 et seq.;  
) (2) Public Nuisance;  
) (3) Civil Conspiracy; and  
) (4) Unjust Enrichment.

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1 Plaintiffs TULE RIVER INDIAN TRIBE OF CALIFORNIA and LYTTON  
2 BAND OF POMO INDIANS (“Plaintiffs” or Tribes”), bring this Complaint against  
3 Defendant McKinsey and Company, Inc. (“Defendant”) and allege as follows:

4 **I. INTRODUCTION**

5 1. This case arises from the worst man-made epidemic in modern medical  
6 history—the misuse, abuse, and over-prescription of opioids. This crisis arose from  
7 the opioid manufacturers’ deliberately deceptive marketing strategy to expand  
8 opioid use.

9 2. McKinsey and Company, Inc. (“McKinsey” or “Defendant”) played  
10 an integral role in creating and deepening the opioid crisis.

11 3. In the years following Purdue Pharma L.P.’s (“Purdue”) 2007 guilty  
12 plea for misleadingly marketing OxyContin, McKinsey worked closely with Purdue  
13 to dramatically increase OxyContin sales to the benefit of McKinsey, Purdue, and  
14 the Sackler family, the wealthy family that has owned and controlled Purdue for  
15 decades. McKinsey specifically sought to maximize OxyContin sales by working  
16 around the requirements of the Corporate Integrity Agreement that Purdue entered  
17 as part of its guilty plea. McKinsey also performed related work for other  
18 manufacturers of opioids, including Johnson & Johnson. Through the conduct  
19 described in this complaint, McKinsey participated in and helped orchestrate a broad  
20 scheme to deceptively market opioids.

21 4. McKinsey knew of the dangers of opioids and of Purdue's prior  
22 misconduct, but nonetheless advised Purdue to improperly market and sell  
23 OxyContin, supplying granular sales and marketing strategies and remaining  
24 intimately involved throughout implementation of those strategies. McKinsey's  
25 actions resulted in a surge in sales of OxyContin and other opioids that fueled and  
26 prolonged the opioid crisis.

27 5. On May 10, 2007, John Brownlee (“Brownlee”), United States  
28 Attorney for the Western District of Virginia, announced the guilty plea of the

1 Purdue Frederick Company, the parent of Purdue Pharma, L.P., relating to the  
2 misbranding of OxyContin. Brownlee stated:

3 Even in the face of warnings from health care professionals, the media,  
4 and members of its own sales force that OxyContin was being widely  
5 abused and causing harm to our citizens, Purdue, under the leadership  
6 of its top executives, continued to push a fraudulent marketing  
7 campaign that promoted OxyContin as less addictive, less subject to  
8 abuse, and less likely to cause withdrawal. In the process, scores died  
9 as a result of OxyContin abuse and an even greater number of people  
became addicted to OxyContin; a drug that Purdue led many to believe  
was safer, less subject to abuse, and less addictive than other pain  
medications on the market.

10 6. Along with the guilty plea, Purdue agreed to a Corporate Integrity  
11 Agreement with the Office of Inspector General of the U.S. Department of Health  
12 and Human Services (“HHS”). For a period of five years, ending in 2012, Purdue  
13 was obligated to retain an Independent Monitor and submit annual compliance  
14 reports regarding its marketing and sales practices and training of sales  
15 representatives vis-à-vis their interactions with health care providers.

16 7. In the wake of Purdue’s accession to the Corporate Integrity  
17 Agreement, Purdue faced newly imposed constraints on its sales and marketing  
18 practices. The Corporate Integrity Agreement was a problem to solve. Despite the  
19 agreement’s constraints (i.e., do not lie about OxyContin), Purdue and its  
20 controlling owners, the Sackler family, still intended to maximize OxyContin sales.

21 8. The problem was complex. As a result of the 2007 guilty plea, the  
22 Sacklers made the strategic decision to distance the family from Purdue, which was  
23 regarded as an increasingly dangerous “concentration of risk” for Purdue’s owners.  
24 Ten days after the guilty plea was announced, David Sackler wrote to his dad,  
25 Richard Sackler, and uncle, Jonathan Sackler, describing precisely what that “risk”  
26 was: legal liability for selling OxyContin. In response to Jonathan stating that “there  
27 is no basis to sue ‘the family,’” David replied:

## Message

**From:** David Sackler [REDACTED]  
**Sent:** 5/17/2007 11:08:08 PM  
**To:** 'Sackler, Jonathan' [REDACTED]; Sackler, Dr Richard [REDACTED]  
**CC:** Ives, Stephen A. [REDACTED]  
**Subject:** RE: Idea  
**Attachments:** image001.jpg

Well I hope you're right, and under logical circumstances I'd agree with you, but we're living in America. This is the land of the free and the home of the blameless. We will be sued. Read the op-ed stuff in these local papers and ask yourself how long it will take these lawyers to figure out that we might settle with them if they can freeze our assets and threaten us.

9. Given concern over this “concentration of risk,” the two sides of the Sackler family spent considerable time and energy debating the best way to achieve distance from Purdue, and collectively considered a variety of options for doing so. One option was to sell the company to or merge the company with another pharmaceutical manufacturer. Shire was discussed as a possible target, as was Cephalon, Inc., UCB S.A., and Sepracor Inc. The proceeds of such a transaction could then be re-invested in diversified assets, thereby achieving the Sacklers’ desired distance.

10. Another option was to have Purdue borrow money in order to assure Purdue had adequate funds to continue operating while the Sacklers, as owners, began to make substantial distributions of money from the company to themselves. Once again, the proceeds of the distributions could then be re-invested in diversified assets, thereby achieving the Sacklers’ desired distance.

11. In order to pursue either of these options, the Sacklers needed to maximize opioid sales in the short term so as to make Purdue – by then the subject of substantial public scrutiny – appear either as an attractive acquisition target or merger partner to another pharmaceutical manufacturer or as a creditworthy borrower to a lender.

12. In short, the Sacklers planned to engage in a final flurry of opioid pushing in order to rid themselves of their pharmaceutical company dependency for good.

1           13. Given the complexity of the problem, the Sacklers and Purdue realized  
 2 that they would need assistance in achieving these internally contradictory  
 3 objectives. Purdue did not have the capabilities in-house to design and implement a  
 4 sales strategy for OxyContin that would achieve the Sacklers' objectives. They  
 5 turned to the global management consulting firm McKinsey, which had already  
 6 been advising the Sacklers and Purdue for at least three years, for help with their  
 7 new problem.

8           14. McKinsey accepted their request,<sup>1</sup> and by June 2009 McKinsey and  
 9 Purdue were working together to increase sales of Purdue's opioids. McKinsey  
 10 suggested a specific sales and marketing strategy based on McKinsey's own  
 11 independent research and unique methodologies, and Purdue adopted that strategy.  
 12 McKinsey and Purdue then implemented McKinsey's plan. Despite the strictures  
 13 imposed upon Purdue by the Corporate Integrity Agreement, OxyContin sales  
 14 began to multiply.

15           15. In 2012, Purdue's Corporate Integrity Agreement ended. With its  
 16 demise, McKinsey's ongoing relationship<sup>2</sup> with Purdue flourished. In 2013,  
 17 McKinsey proposed, and Purdue implemented with McKinsey's ongoing  
 18

19 \_\_\_\_\_  
 20 <sup>1</sup> This Complaint assumes that Purdue asked McKinsey to design and implement  
 21 the strategy for boosting opioid sales, and McKinsey accepted Purdue's offer.  
 22 What is known is that McKinsey performed the work for Purdue. For the purposes  
 23 of this Complaint, Plaintiffs assume Purdue initiated the relationship with  
 24 McKinsey. Should it arise that instead McKinsey pitched a proposal to increase  
 OxyContin sales to Purdue, and Purdue accepted that proposal, then Plaintiffs will  
 amend this Complaint accordingly.

25           This Complaint tells the story of McKinsey's transformational relationship  
 26 with Purdue.

27 <sup>2</sup> McKinsey espouses the idea of the "transformational relationship." It is not a  
 28 one-off seller of advice for any given Chief Executive Officer ("CEO") problem of  
 the day. Rather, McKinsey argues that real value for the client derives from an  
 ongoing "transformational" relationship with the firm. Duff McDonald, *The Firm*  
 136 -37 (2013) ("McKinsey no longer pitched itself as a project-to-project firm;  
 from this point forth [the late 1970's], it sold itself to clients as an ongoing prod-  
 der of change, the kind a smart CEO would keep around indefinitely.").



1 assistance, *Project Turbocharge*, a marketing strategy to increase opioids sales by  
 2 hundreds of millions of dollars annually. Purdue then picked a new name – *Evolve*  
 3 *2 Excellence* – and adopted it as the theme to its 2014 national sales campaign. With  
 4 McKinsey’s assistance, Purdue trained its sales representatives to operate pursuant  
 5 to McKinsey’s strategy for selling OxyContin.

6 16. In 2013, despite significant headwinds, OxyContin sales finally  
 7 peaked. The restrictions on Purdue’s sales and marketing methods contained in the  
 8 Corporate Integrity Agreement should have resulted in fewer overall OxyContin  
 9 sales: the guilty plea identified a specific segment of existing OxyContin sales that  
 10 were illegitimate and should thus cease. All else being equal, OxyContin sales  
 11 should have decreased to account for the successful snuffing out of improper sales.  
 12 In fact, OxyContin sales did decrease in the immediate aftermath of the 2007 guilty  
 13 plea.

14 17. Within five years, however, OxyContin sales would triple. McKinsey  
 15 is responsible for the strategy that accomplished this. It presented specific plans to  
 16 Purdue, which Purdue adopted and spent hundreds of millions of dollars  
 17 implementing. The result: a final spasm of OxyContin sales before the inevitable  
 18 decline of the drug.<sup>3</sup>

19 18. McKinsey has recently been the subject of scrutiny for its various  
 20 business practices, including its work facilitating the opioid crisis for Purdue.<sup>4</sup> On  
 21 March 7, 2019, Kevin Sneader (“Sneader”), McKinsey’s global managing partner,  
 22 addressed all McKinsey employees regarding this scrutiny. Drawing inspiration  
 23 from Theodore Roosevelt, Sneader stated, “[W]e cannot return to a time when we  
 24

25 <sup>3</sup> On February 10, 2018, Purdue announced that it is no longer marketing opioids  
 26 and disbanded its OxyContin sales force.

27 <sup>4</sup> See Michael Forsythe and Walt Bogdanich, *McKinsey Advised Purdue Pharma*  
 28 *How to ‘Turbocharge’ Opioid Sales*, Lawsuit Says, NEW YORK TIMES, (Feb. 1,  
 2019),  
<https://www.nytimes.com/2019/02/01/business/purdue-pharma-mckinsey-oxycontin-opioids.html>.

were in the background and unobserved. Those days have gone. Indeed, I have little doubt that scrutiny – fair and unfair – will continue. It is the price we pay for being ‘in the arena’ and working on what matters.”<sup>5</sup>

19. Weeks later, McKinsey announced that it is no longer working for any opioid manufacturer. “Opioid abuse and addiction are having a tragic and devastating impact on our communities. We are no longer advising clients on any opioid-specific business and are continuing to support key stakeholders working to combat the crisis,” McKinsey stated.<sup>6</sup> In addition to its work for Purdue, McKinsey has performed work for “several other companies on opioids.”<sup>7</sup>

20. Plaintiffs now argue that the price for being in the arena is more than scrutiny, however fair. This lawsuit argues that, like any other participant in the arena, McKinsey is liable for its deeds. McKinsey is liable for its successful efforts to increase OxyContin sales after Purdue’s 2007 guilty plea for misbranding the

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<sup>5</sup> See “*The Price We Pay for Being ‘In the Arena’*”: McKinsey’s Chief Writes to Staff About Media Scrutiny and Scandal, FORTUNE MAGAZINE (Mar. 8, 2019), <https://fortune.com/2019/03/08/mckinsey-staff-letter-kevin-sneider/>.

The “arena” reference is to Citizenship in a Republic, a speech delivered by Theodore Roosevelt on April 23, 1910: “It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doers of deeds could have done them better. The credit belongs to the man who is actually in the arena [here, McKinsey; and the arena, opioid sales], whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.”

<sup>6</sup> See Paul La Monica, *Consulting firm McKinsey no longer working with opioid maker Purdue Pharma*, CNN BUS. (May 24, 2019), <https://www.cnn.com/2019/05/24/business/mckinsey-purdue-pharma-oxycontin/index.html>. The statement was attributed to McKinsey as an entity. No individual’s name was attributed.

<sup>7</sup> See Drew Armstrong, *McKinsey No Longer Consulting for Purdue, Ends Opioid Work*, BLOOMBERG (May 23, 2019), <https://www.bloomberg.com/news/articles/2019-05-24/mckinsey-no-longer-working-with-purdue-halts-opioid-consulting>. While Plaintiffs are aware of work McKinsey has performed for other opioid manufacturers, this Complaint concerns McKinsey’s work with Purdue.

1 drug. Indeed, McKinsey's *mandate* was to increase the sales of the drug *in light of*  
2 *the fact* that Purdue had plead guilty to misbranding, and the owners of Purdue now  
3 wished to exit the opioid market due to the perceived reputational risks of remaining  
4 there.

5 21. McKinsey's task was to thread the needle: to increase OxyContin sales  
6 *given the strictures imposed by the 5-year Corporate Integrity Agreement*. This  
7 McKinsey did, turbocharging<sup>8</sup> the sales of a drug it knew fully well was addictive  
8 and deadly, while paying at least tacit respect to the Corporate Integrity Agreement.

9 22. These managerial acrobatics were necessary for Purdue to seem  
10 financially attractive enough that a potential buyer would be willing to discount (or  
11 even overlook) the otherwise obvious risks associated with purchasing the maker  
12 of OxyContin. Purdue was the proverbial hot potato. The Sackler family hired  
13 McKinsey to help them hand it to someone else. McKinsey obliged, and devised a  
14 successful strategy to purposefully increase the amount of OxyContin sold in the  
15 United States. Their efforts *tripled* OxyContin sales.

16 23. In the end, of course, the Sacklers never sold Purdue, and no one  
17 loaned it money. In time, the full scope of the opioid crisis would be clear not only  
18 to experts, insiders, and industry participants. Along with the rest of nation,  
19 Plaintiffs are now squarely focused on the crisis.

20 24. As reported in the media, in a series of agreements, McKinsey recently  
21 settled opioid-related claims with 49 states, the District of Columbia, and five U.S.  
22 territories.

23 25. Because of Defendant's misconduct, Plaintiffs are experiencing a  
24 severe public health crisis and have suffered significant economic damages,  
25 including but not limited to increased costs related to public health, opioid-related  
26 crimes and emergencies, criminal justice and public safety. Plaintiffs have incurred  
27

28 <sup>8</sup> If the description is overbearing, note that it is McKinsey's own, as described below.

substantial costs in responding to the crisis and will continue to do so in the future. As described in more detail below, these increased costs directly impact nearly every one of Plaintiffs' departments and amount to tens of millions of dollars by even the most conservative estimates.

## II. PARTIES

### A. Plaintiffs

26. Plaintiff TULE RIVER INDIAN TRIBE OF CALIFORNIA is a federally recognized Indian tribe, which occupies a reservation in California. The Tule River Indian Tribe of California has the sovereign power to make and operate its own government, to make its own laws, and to seek redress in federal, state and tribal courts for injuries suffered by the Plaintiff and its members, and to bring the causes of action stated herein.

27. Plaintiff LYTTON BAND OF POMO INDIANS is a federally recognized Indian tribe, which occupies a reservation in California. The Lytton Band of Pomo Indians has the sovereign power to make and operate its own government, to make its own laws, and to seek redress in federal, state and tribal courts for injuries suffered by the Plaintiff and its members, and to bring the causes of action stated herein.

28. Plaintiffs TULE RIVER INDIAN TRIBE OF CALIFORNIA and LYTTON BAND OF POMO INDIANS shall be collectively referred to as "Plaintiffs."

29. Plaintiffs are responsible for the public health, safety, and welfare of its citizens.

30. The marketing, distribution and diversion of opioids into California (the "State"), and into Tule River Indian Tribe of California and Lytton Band of Pomo Indians territories and surrounding areas (collectively, "Plaintiffs' Community"), created the foreseeable opioid crisis and opioid public nuisance for which Plaintiffs here seek relief.

1           31. Plaintiffs directly and foreseeable sustained all economic damages  
2 alleged herein.

3           32. Defendant's conduct has exacted a financial burden for which the  
4 Plaintiffs seek relief. Categories of past and continuing sustained damages include,  
5 *inter alia*: (1) costs for providing medical care, additional therapeutic and  
6 prescription drug purchases, and other treatments for patients suffering from opioid-  
7 related addiction or disease, including overdoses and deaths; (2) costs for providing  
8 treatment, counseling, and rehabilitation services; (3) costs for providing treatment  
9 of infants born with opioid-related medical conditions; (4) costs associated with law  
10 enforcement and public safety relating to the opioid epidemic; and (5) costs  
11 associated with providing care for children whose parents suffer from opioid-related  
12 disability or incapacitation. The Plaintiffs have suffered and continues to suffer  
13 these damages directly.

14           33. Plaintiffs also seek the means to abate the epidemic Defendant's  
15 wrongful and/or unlawful conduct has created.

16           34. Plaintiffs have standing to recover damages incurred as a result of  
17 Defendant's actions and omissions. Plaintiffs have standing to bring all claims pled  
18 herein, including, *inter alia*, to bring claims under the federal RICO statute,  
19 pursuant to 18 U.S.C. § 1961(3) ("persons" include entities which can hold legal  
20 title to property) and 18 U.S.C. § 1964 ("persons" have standing) and standing to  
21 bring its public nuisance claims asserted under federal common law.

22           35. Members of the Tribes affected by the opioid crisis described in this  
23 Complaint live on Tribally-owned lands, as well as throughout California and the  
24 United States.

25           **B. Defendant**

26           36. Defendant McKinsey and Company, Inc. is a corporation organized  
27 under the laws of the state of New York. McKinsey's principal place of business is  
28 located at 711 Third Avenue, New York, NY 10017.

37. McKinsey is a worldwide management consultant company. From approximately 2004-2019, McKinsey provided consulting services to Purdue Pharma L.P., working to maximize sales of OxyContin and knowingly perpetuating the opioid crisis. McKinsey has provided related consulting services to other manufacturers of opioids.

### III. JURISDICTION AND VENUE

38. Plaintiffs bring this civil action in MDL No. 2996, entitled *In Re: McKinsey & Co., Inc. National Prescription Opiate Consultant Litigation*. Plaintiffs are filing this Complaint directly into the Northern District of California as permitted by Paragraph V.a.10 of this Court's Pretrial Order No. 7: Initial Case Management Order, dated 11/30/2021.

39. This Court has subject matter jurisdiction over this action because the Plaintiffs bring a federal cause of action that raises a federal question pursuant to 28 U.S.C. § 1331 based upon the federal claims asserted under the Racketeer Influenced and Corrupt Organizations Act, 18 U.S.C. § 1961, *et seq.* ("RICO"). This Court has supplemental jurisdiction over Plaintiffs' state law claims pursuant to 28 U.S.C. § 1367 because those claims are so related to Plaintiffs' federal claims that they form part of the same case or controversy.

40. The Northern District of California has personal jurisdiction over McKinsey because at all relevant times, McKinsey purposely availed itself of the privilege of doing business in the State and in the Northern District of California including by engaging in the business of researching, designing, and implementing marketing and promoting strategies for various opioid manufacturers, including Purdue, that were intended to be, and were, implemented in, or whose implementation had a substantive and intended effect in the State of California the Northern District of California among other places.

41. McKinsey has substantial contacts and business relationships with the State of California including registering to do business in California consenting to



1 be sued in California by registering an agent for service of process and have  
2 purposefully availed itself of business opportunities within the State of California.

3 42. Venue is proper in the Northern District of California pursuant to 28  
4 U.S.C. § 1391(b) and 18 U.S.C. § 1965 because a substantial part of the events or  
5 omissions giving rise to Plaintiffs' claims occurred in, were directed to, and/or  
6 emanated from this District.

7 **IV. FACTUAL ALLEGATIONS COMMON TO ALL CLAIMS**

8 43. This lawsuit concerns McKinsey's work for Purdue Pharma and its  
9 owner, the Sackler family, in the years after the 2007 investigation and subsequent  
10 guilty plea relating to Purdue's sales and marketing strategy for its opioids.

11 44. McKinsey had an ongoing relationship with Purdue beginning as early  
12 as 2003 and lasting decades. By June 2009 McKinsey was advising Purdue on  
13 precisely the same sales and marketing strategy and practices for OxyContin that  
14 were the subject of the Corporate Integrity Agreement. McKinsey continued this  
15 work after the expiration of the Corporate Integrity Agreement and at least through  
16 November of 2017.

17 **A. Purdue Pleads Guilty to Misbranding OxyContin and Is Bound by**  
18 **a Corporate Integrity Agreement**

19 45. On May 10, 2007, the Purdue Frederick Company, Purdue's parent, as  
20 well as three of Purdue's officers, pleaded guilty to the misbranding of OxyContin  
21 pursuant to various provisions of the Federal Food, Drug and Cosmetic Act, 21  
22 U.S.C. § 301, *et seq.*

23 46. Purdue admitted that "supervisors and employees, with the intent to  
24 defraud or mislead, marketed and promoted OxyContin as less addictive, less  
25 subject to abuse and diversion, and less likely to cause tolerance and withdrawal  
26 than other pain medications."  
27  
28

1           47. Concurrent with the guilty plea by the Purdue Frederick Company,  
2 Purdue entered into a Corporate Integrity Agreement with the Office of Inspector  
3 General of HHS on May 7, 2007.

4           48. Purdue's compliance obligations under the Corporate Integrity  
5 Agreement ran for a period of five years, expiring on May 10, 2012.

6           49. Pursuant to the Corporate Integrity Agreement, Purdue was obligated  
7 to implement written policies regarding its compliance program and compliance  
8 with federal health care program and Food and Drug Administration requirements,  
9 including:

10           “selling, marketing, promoting, advertising, and disseminating  
11 Materials or information about Purdue's products in compliance with  
12 all applicable FDA requirements, including requirements relating to the  
13 dissemination of information that is fair and accurate ... including, but  
14 not limited to information concerning the withdrawal, drug tolerance,  
15 drug addiction or drug abuse of Purdue's products;

16           compensation (including salaries and bonuses) for Relevant Covered  
17 Persons engaged in promoting and selling Purdue's products that are  
18 designed to ensure that financial incentives do not inappropriately  
19 motivate such individuals to engage in the improper promotion or sales  
20 of Purdue's products;

21           the process by which and standards according to which Purdue sales  
22 representatives provide Materials or respond to requests from HCP's  
23 [health care providers] for information about Purdue's products,  
24 including information concerning withdrawal, drug tolerance, drug  
25 addiction, or drug abuse of Purdue's products,” including “the form and  
26 content of Materials disseminated by sales representatives,” and “the  
27 internal review process for the Materials and information disseminated  
28 by sales representatives.”

50. Purdue was obligated to engage an Independent Review Organization  
to ensure its compliance with the strictures of the Corporate Integrity Agreement,  
and to file compliance reports on an annual basis with the inspector general.



**B. Purdue Hires McKinsey to Boost Opioid Sales in Light of the Company's Guilty Plea and Corporate Integrity Agreement**

51. The Sackler family has owned and controlled Purdue and its predecessors since 1952. At all times relevant to this Complaint, individual Sackler family members occupied either six or seven of the seats on Purdue's board of directors, and at all times held a majority of board seats. To advise the board of directors of Purdue was to advise the Sackler family. The interests of the Sackler family and the Purdue board of directors, and Purdue itself, as a privately held company, are all aligned. Practically, they are indistinguishable.<sup>9</sup>

**1. The Sacklers Distance Themselves from Purdue**

52. After the 2007 guilty plea, the Sackler family began to reassess its involvement in the opioid business. On April 18, 2008, Richard Sackler, then the co-chairman of the board of directors along with his uncle, communicated to other family members that Purdue's business of selling OxyContin and other opioids was "a dangerous concentration of risk." Richard Sackler recommended a strategy of installing a loyal CEO of Purdue who would safeguard the interests of the Sackler family, while at the same time positioning Purdue for an eventual sale by maximizing OxyContin sales.

53. In the event that a purchaser for Purdue could not be found, Richard stated Purdue should "distribute more free cash flow" to the Sacklers. This would have the effect of maximizing the amount of money an owner could take out of a business, and is a tacit acknowledgement that reinvestment of profits in the business was not a sound financial strategy. It is, in other words, an acknowledgement that Purdue's reputation and franchise was irrevocably damaged, and that Purdue's opioid business was not sustainable in the long term.

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<sup>9</sup> Craig Landau ("Landau"), soon to become CEO of Purdue, acknowledged in May 2017 that Purdue operated with "the Board of Directors serving as the 'de facto' CEO." The future CEO of the company, in other words, understood that he would have little practical power despite his new title. The owners ran the business.

1           54. By 2017, with the hope for any acquisition now gone, the Sacklers’  
 2 decision to milk opioid profits by “distributing more free cash flow” on the way  
 3 down had its natural effect on Purdue. Landau, then the CEO, stated, “the planned  
 4 and purposeful de-emphasis and deconstruction of R&D has left the organization  
 5 unable to innovate.”

6           55. In fact, in the years after the 2007 guilty plea, Purdue would retain only  
 7 the absolute minimum amount of money within Purdue as possible: \$300 million.  
 8 That amount was required to be retained by Purdue pursuant to a partnership  
 9 agreement with a separate company. Otherwise, all the money was distributed to  
 10 the owners.<sup>10</sup>

11           56. Concurrently, the Sacklers backed away from day-to-day jobs at  
 12 Purdue. During the ongoing investigation that resulted in the 2007 guilty pleas,  
 13 “several family members who worked at Purdue stepped back from their operational  
 14 roles.”<sup>11</sup> In 2003, Richard Sackler himself resigned as the president to assume his  
 15 role of co-chairman. Dr. Kathe Sackler and Jonathan Sackler chose to exit their  
 16 roles as senior vice presidents. Mortimer D.A. Sackler quit being a vice president.

17           57. They remained on the board of directors, however.

18           58. At the time Richard Sackler communicated these plans to distance the  
 19 family from Purdue, the Sacklers had already established a second company,  
 20 Rhodes Pharmaceuticals L.P. (“Rhodes”). The Sacklers established Rhodes four  
 21 months after the 2007 guilty plea.<sup>12</sup> Rhodes’ purpose was to sell generic versions  
 22 of opioids. It was, in other words, a way for the Sacklers to continue to make money  
 23 off of opioids while separating themselves from Purdue. By 2016, Rhodes held a  
 24

25 <sup>10</sup> See Jared S. Hopkins, *At Purdue Pharma, Business Slumps as Opioid Lawsuits*  
 26 *Mount*, WALL ST. J. (June 30, 2019), [https://www.wsj.com/articles/purdue-pharma-grapples-with-internal-challenges-as-opioid-lawsuits-mount-11561887120?mod=hp\\_lead\\_pos6](https://www.wsj.com/articles/purdue-pharma-grapples-with-internal-challenges-as-opioid-lawsuits-mount-11561887120?mod=hp_lead_pos6).

27 <sup>11</sup> Barry Meier, *Pain Killer* 167 (2018).

28 <sup>12</sup> *Billionaire Sackler family owns second opioid maker*, FIN. TIMES (Sept. 9, 2018), <https://www.ft.com/content/2d21cf1a-b2bc-11e8-99ca-68cf89602132>.

larger share of the opioid market than Purdue. Through Purdue, the Sacklers controlled 1.7% of the overall opioid market. When combined with Rhodes, however, the Sacklers' share of the overall opioid market was approximately 6% of all opioids sold in the United States.<sup>13</sup>

## 2. Purdue Hires McKinsey to Devise and Implement an OxyContin Sales Strategy Consistent with the Sacklers' Goals

59. The Sacklers faced a problem: the need to grow OxyContin sales as dramatically as possible so as to make Purdue an attractive acquisition target or borrower, while at the same time appearing<sup>14</sup> to comply with the Corporate Integrity Agreement.

60. Purdue and the Sacklers were well aware of the constraints posed by the Agreement. Indeed, during a May 20, 2009 Executive Committee Meeting, the discussion led to whether Purdue should have a single sales force marketing all Purdue products, including OxyContin, or instead to "create a separate Sales Force for Intermezzo (a sleeping pill) that would be comprised of approximately 300 representatives." John Stewart ("Stewart"), the Sacklers' chosen CEO for Purdue at the time, saw an opportunity, and asked if the Corporate Integrity Agreement would apply if Purdue were to launch Intermezzo and another Purdue product, Ryzolt (a branded version of Tramadol, another narcotic painkiller), using the separate sales force. Might the new drug launch fall outside of the Corporate Integrity Agreement, he asked.<sup>15</sup>

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<sup>13</sup> *Id.*

<sup>14</sup> As one Purdue executive stated of Purdue's attitude toward the Corporate Integrity Agreement: "They did not listen to their critics and insisted they had just a few isolated problems. After the settlement, they didn't change – the way the sales force was managed and incentivized, everything stayed the same." *David Crow, How Purdue's 'one-two' punch fuelled the market for opioids*, FIN. TIMES (Sept. 9, 2018), <https://www.ft.com/content/8e64ec9c-b133-11e8-8d14-6f049d06439c>.

<sup>15</sup> Purdue Executive Committee Meeting Notes and Actions, at 2 (May 20, 2009).

1           61. It would not, he was told by Bert Weinstein, Purdue’s Vice President  
2 of Compliance.<sup>16</sup>

3           62. Given the tension between compliance with the Corporate Integrity  
4 Agreement and the desire to sell more OxyContin, Purdue needed help.

5           63. Ethan Rasiel, a former McKinsey consultant, has described the typical  
6 way McKinsey begins working with a client: “An organization has a problem that  
7 they cannot solve with their internal resources. That’s the most classic way that  
8 McKinsey is brought in.”<sup>17</sup>

9           64. Such was the case with Purdue. Because it did not have the requisite  
10 expertise to address the problems posed by the Corporate Integrity Agreement  
11 internally, Purdue hired McKinsey to devise a sales and marketing strategy to  
12 increase opioid sales in light of the Corporate Integrity Agreement and growing  
13 concern about the “concentration of risk” that Purdue’s business of selling opioids  
14 posed to its owners.

15           65. In short, Purdue would pay money to McKinsey in exchange for  
16 McKinsey telling the company how to sell as much OxyContin as conceivably  
17 possible so that the Sacklers could obtain cash to diversify their investment holdings  
18 away from Purdue.

19           66. Purdue’s Executive Committee discussed CEO Stewart’s concerns  
20 regarding the constraints posed by the Corporate Integrity Agreement on May 20,  
21 2009. Within weeks, McKinsey was working with Purdue to devise and implement  
22 new marketing strategies for OxyContin.

23           67. Consistent with their plan to dissociate themselves from the company,  
24 the Sacklers appointed Stewart as the CEO of Purdue in 2007. The Sacklers viewed  
25 Stewart as someone loyal to the family. He had previously worked for a division of  
26

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27 <sup>16</sup> *Id.*

28 <sup>17</sup> *How McKinsey Became One of the Most Powerful Companies in the World*,  
YOUTUBE (June 6, 2019), [https://www.youtube.com/watch?v=BBmmMj\\_mall](https://www.youtube.com/watch?v=BBmmMj_mall).

1 Purdue in Canada. Stewart’s job was to assist the Sacklers with the divestiture or  
 2 eventual orderly wind-down of Purdue. Stewart was paid more than \$25 million for  
 3 his services to Purdue from 2007 through 2013.

4 68. Stewart, as CEO, was in charge of the relationship with McKinsey. He  
 5 controlled workflow to and from McKinsey, and required his personal approval for  
 6 any work orders with McKinsey.

7 69. In addition, Purdue’s Vice President of Corporate Compliance,  
 8 “responsible for developing and implementing policies, procedures, and practices  
 9 designed to ensure compliance with the requirements set forth in the [Corporate  
 10 Integrity Agreement],” reported directly to Stewart.

11 70. Throughout their relationship, McKinsey routinely obtained  
 12 information from, advised, communicated with, and ultimately worked for the  
 13 Purdue board of directors, controlled by the Sackler family.

14 71. McKinsey would also work in granular detail with the Purdue sales  
 15 and marketing staff, led during the relevant period by Russell Gasdia (“Gasdia”),  
 16 Vice President of Sales and Marketing.

17 72. From as early as June 2009 and continuing at least through July 14,  
 18 2014, Purdue routinely relied upon McKinsey to orchestrate their sales and  
 19 marketing strategy for OxyContin. The relationship was characterized by ongoing  
 20 interactions between teams from McKinsey and Purdue regarding not only the  
 21 *creation* of an OxyContin sales strategy, but also its *implementation*.

### 22 **C. What McKinsey Does: “Consulting Is More than Giving Advice”**

23 73. Management consulting is the business of providing solutions to  
 24 clients. Solutions take many forms, depending on the client’s needs. “Management  
 25 consulting includes a broad range of activities, and the many firms and their  
 26 members often define these practices quite differently.”<sup>18</sup>

27  
 28 <sup>18</sup> Arthur Turner, *Consulting is More Than Giving Advice*, HARV. BUS. REV. (Sept. 1982), <https://hbr.org/1982/09/consulting-is-more-than-giving-advice>.

1           74. Broadly speaking, there are two schools of management consulting.  
 2 “Strategy” consulting provides big-picture advice to clients about how they  
 3 approach their business: how the business is structured, which markets to compete  
 4 in, potential new business lines, and mergers and acquisitions. The strategy  
 5 consultant would provide a plan to the client that the client may choose to adopt or  
 6 not.

7           75. “Implementation” consulting is what comes next. If strategy  
 8 consulting is providing advice to a client, “implementation” work is what happens  
 9 once the client has adopted the consultant’s plan. After a client has adopted the  
 10 strategy consultant’s recommendations, the implementation consultant remains in  
 11 place with the client to actually do the necessary work and execute on the plan.

12           76. In his 1982 *Harvard Business Review* article entitled “Consulting is  
 13 More Than Giving Advice,” Professor Arthur Turner of the Harvard Business  
 14 School described the then-current state of the consulting industry’s attitude toward  
 15 implementation work: “The consultant’s proper role in implementation is a matter  
 16 of considerable debate in the profession. Some argue that one who helps put  
 17 recommendations into effect takes on the role of manager and thus exceeds  
 18 consulting’s legitimate bounds. Others believe that those who regard  
 19 implementation solely as the client’s responsibility lack a professional attitude,  
 20 since recommendations that are not implemented (or implemented badly) are a  
 21 waste of money and time. And just as the client may participate in diagnosis without  
 22 diminishing the value of the consultant’s role, so there are many ways in which the  
 23 consultant may assist in implementation without usurping the manager’s job.”<sup>19</sup>

24           77. A core component of the McKinsey relationship is discretion. “The  
 25 basis of any client relationship with the firm is trust. Companies share their most  
 26 competitive secrets with McKinsey with the understanding that confidentiality is

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27  
 28 <sup>19</sup> *Id.*

1 paramount. McKinsey consultants aren't even supposed to tell their own spouses  
2 about their client work."<sup>20</sup>

3 78. Although McKinsey has historically been regarded as a "strategy"  
4 consulting firm, by the time it was working with Purdue, implementation services  
5 were a core component of the overall suite of services that McKinsey provided  
6 within the "transformational relationship" McKinsey developed with its clients.<sup>21</sup>

7 79. Describing McKinsey's approach to implementation, one McKinsey  
8 consultant stated, "On some of the most successful engagements I've seen, you  
9 can't even tell the difference between a McKinsey team member and one of our  
10 clients because we're working that cohesively together."<sup>22</sup>

11 80. Another McKinsey Senior Implementation Coach described  
12 McKinsey's approach: "We're in there interacting with every element of that  
13 organization, from the welders or mechanics on the front line, all the way up to the  
14 board of directors."<sup>23</sup>

15 81. In the broadest of generalities, then, McKinsey's business model, as a  
16 provider of strategy and implementation consulting services, is to partner with  
17 clients to pursue business objectives identified by McKinsey. Once the objective is  
18 identified, the client and McKinsey then engage in concerted action as a seamless  
19 and cohesive unit in order to implement the necessary means to achieve those  
20 objectives for the client.

21 82. Indeed, long after McKinsey's advice to Purdue was accepted and  
22 deployed as the theme of Purdue's 2014 national sales strategy, McKinsey remained  
23

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24 <sup>20</sup> McDonald, *The Firm*, at 308.

25 <sup>21</sup> For McKinsey's own description of its implementation services, *see*  
26 <https://www.mckinsey.com/business-functions/mckinsey-accelerate/how-we-help-clients/implementation>  
(last visited Jan. 5, 2021).

27 <sup>22</sup> McKinsey on Implementation, YOUTUBE (Apr. 30, 2017),  
<https://www.youtube.com/watch?v=rEQOGVpl9CY>.

28 <sup>23</sup> *Id.*



1 with Purdue to assure proper implementation of McKinsey's strategies to maximize  
2 OxyContin sales.

### 3 **D. Purdue Relies on McKinsey**

4 83. McKinsey is not hired to give casual advice. They are a corporate  
5 mandarin elite, likened to the Marines or the Jesuits.<sup>24</sup> United States Senator Mitt  
6 Romney, during his presidential campaign in 2012, told the editorial board of *The*  
7 *Wall Street Journal* that as president he would approach reducing the size of the  
8 government by hiring McKinsey. A former consultant himself, Romney stated, "So  
9 I would have ... at least some structure that McKinsey would guide me to put in  
10 place." In response to audience surprise, Romney said, "I'm not kidding. I would  
11 probably bring in McKinsey."<sup>25</sup>

12 84. McKinsey is not cheap, either. A client does not choose to pay  
13 McKinsey unless it expects to receive advice it could not have obtained within its  
14 own organization. McKinsey offers solutions to clients facing challenges they feel  
15 they cannot adequately address on their own. In 2008, McKinsey's revenue was \$6  
16 billion.

### 17 **1. The Transformational Relationship**

18 85. McKinsey has long touted the notion of the "transformational  
19 relationship." It is the goal of every client relationship McKinsey develops, and,  
20 McKinsey argues, the best way to extract value from a client's use of McKinsey's  
21 services.

22 86. At its core, the "transformational relationship" is long-term. It is the  
23 antithesis of a one-off contract wherein McKinsey performs one discreet project for  
24 a client and then concludes its business. Rather, "once McKinsey is inside a client,  
25

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26 <sup>24</sup> Said one former McKinsey partner to *BusinessWeek* in 1986: "There are only  
27 three great institutions left in the world: The Marines, the Catholic Church, and  
28 McKinsey." McDonald, *The Firm*, at 165.

<sup>25</sup> McDonald, *The Firm*, at 1.



1 its consultants are adept at artfully creating a feedback loop through their work that  
 2 purports to ease executive anxiety but actually creates more of it.”<sup>26</sup> The long-term  
 3 result can be “dependence” on the McKinsey consultants.

4 87. This strategy of insinuating itself into all aspects of its clients’ business  
 5 proved enormously successful for McKinsey over the years. It was a strategy  
 6 McKinsey encouraged its consultants to take with clients to great effect:

7 The sell worked: Once ensconced in the boardrooms of the biggest  
 8 corporate players in the world, McKinsey rarely left, ensuring a steady  
 9 and growing flow of billings for years if not decades. In 2002, for  
 10 example, BusinessWeek noted that at that moment, the firm had served  
 11 four hundred clients for fifteen years or more.<sup>27</sup>

12 88. Purdue was no different. McKinsey counted Purdue as a client at least  
 13 as early as 2004. The precise duration of the relationship between McKinsey and  
 14 Purdue and its owners has not been ascertained, although it is known that McKinsey  
 15 worked with Purdue for years before Purdue’s parent and officers first pleaded  
 16 guilty to misbranding OxyContin in 2007, and that by June 2009 McKinsey was  
 17 actively working with Purdue to increase OxyContin sales in light of that guilty plea  
 18 and its accompanying Corporate Integrity Agreement. The work continued through  
 19 at least 2018.

20 89. McKinsey partner Maria Gordian, in her March 26, 2009 “EY 2009  
 21 Impact Summary” internal report to McKinsey Director Olivier Hamoir and  
 22 McKinsey’s Personnel Committee, recounted her accomplishments that year on the

23 <sup>26</sup> *Id.* at 6. Purdue provides a fine example of this feedback loop in action. In 2008,  
 24 when McKinsey was advising Purdue regarding Risk Evaluation and Mitigation  
 25 Strategies (REMS) for OxyContin required by the FDA, McKinsey partner Maria  
 26 Gordian wrote to fellow partners Martin Elling (“Elling”) and Rob Rosiello  
 27 (“Rosiello”) regarding progress in the “REMS work” as well as “Broader Strategy  
 28 work.” Regarding the latter, Gordian noted that Purdue board members Jonathan  
 Sackler and Peter Boer “basically ‘blessed’ [Landau] to do whatever he thinks is  
 necessary to ‘save the business.’ . . . ***I believe there is a good opportunity to get  
 another project here.***” (emphasis added).

Indeed, after the REMS work was completed, McKinsey continued to work on  
 “Broader Strategy work” for another decade.

<sup>27</sup> *Id.* at 136.

1 Purdue account. The document is an annual self-assessment produced by McKinsey  
2 partners. In it, Gordian described the state of firm's relationship for Purdue:

3 With client work extending through the 3rd quarter, and several  
4 additional proposals in progress, we continue to expand the depth and  
5 breadth of our relationships at Purdue. We look forward to deepening  
6 our relationships with the Sackler family and serving them on key  
7 business development issues, and to expanding our relationship with  
8 [John] Stewart and other members of the senior management team.

9 90. McKinsey staffed at least 36 known consultants to Purdue, from senior  
10 partners all the way down through engagement managers to entry-level associates.  
11 Throughout the unfolding of the nationwide opioid crisis that only continued to  
12 worsen after the 2007 guilty plea, McKinsey remained steadfast alongside the  
13 Sacklers and Purdue every step of the way. The *mea culpas* would come only later.

#### 14 **E. McKinsey Delivers**

15 91. By 2009, McKinsey was working with its long-time client to craft and  
16 implement a sales and marketing plan to increase OxyContin sales in light of the  
17 Corporate Integrity Agreement and the diminishing outlook for Purdue.

18 92. In June 2009, McKinsey advised Purdue senior management,  
19 including Landau, then the Chief Medical Officer ("CMO") and future CEO,  
20 regarding a variety of strategies to increase Purdue's opioid sales that were  
21 developed using McKinsey's expertise and proprietary approaches to problem  
22 solving.

#### 23 **1. Granular Growth**

24 93. McKinsey prides itself on certain managerial techniques it professes  
25 to have detailed knowledge of and expertise in deploying. These techniques are  
26 generally applicable to problems encountered by many businesses; they are  
27 conceptual frameworks that McKinsey deploys when tasked with solving a problem  
28 for a client.

94. After the first guilty plea, the Sacklers desired dramatic, short-term  
growth of Purdue's opioid sales so as to increase the company's attractiveness as

1 an acquisition target or borrower while allowing the Sacklers to take money out of  
2 the company. One service McKinsey offers to its clients is to tell them how to grow.

3 95. In order to identify growth opportunities for a client, McKinsey  
4 espouses a “granular” approach to identifying which subsets of the client’s existing  
5 business are the sources of growth and exploiting them for all they are worth. In  
6 August 2008, McKinsey Directors Patrick Viguerie and Sven Smit, together with  
7 Mehrdad Baghai, published a treatise on the matter: *The Granularity of Growth: How to Identify the Sources of Growth and Drive Enduring Company Performance*  
8 (2008). “The key is to focus on granularity, to breakdown big-picture strategy into  
9 its smallest relevant components.”<sup>28</sup>

11 96. Previously, in an article in the McKinsey Quarterly (coincidentally  
12 published the same month that Purdue pled guilty), the authors explained:

13 Our research on revenue growth of large companies suggest that  
14 executives should ‘de-average’ their view of markets and develop a  
15 granular perspective on trends, future growth rates, and market  
16 structures. Insights into subindustries, segments, categories, and  
17 micromarkets are the building blocks of portfolio choice. Companies  
18 will find this approach to growth indispensable in making the right  
19 decisions about where to compete.<sup>29</sup>

20 97. Additionally, McKinsey encouraged a granular assessment of the  
21 geography of corporate growth. “The story gets more precise as we disaggregate  
22 the company’s performance on the three growth drivers in 12 product categories for  
23 five geographic regions.”<sup>30</sup>

24 98. One can imagine this strategy applied to a seller of, say, cartons of  
25 milk. If McKinsey were to perform an analysis of the milk seller’s sales and

25 <sup>28</sup> *The granularity of growth*, Book Excerpt, McKinsey & Co. (Mar. 1, 2008),  
26 <https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/the-granularity-of-growth>.

27 <sup>29</sup> Mehrdad Baghai et al., *The granularity of growth*, MCKINSEY Q. (May 1, 2007),  
28 <https://www.mckinsey.com/featured-insights/employment-and-growth/the-granularity-of-growth>.

<sup>30</sup> *Id.*

1 marketing and discovers that the profit margin on milk cartons sold to university  
2 cafeterias in dairy-producing states is much greater than the margin on cartons sold  
3 at convenience stores in the southwest, and further that the milk seller has  
4 previously devoted equal amounts of time and resources selling to both university  
5 cafeterias and convenience stores; then McKinsey would likely advise the client to  
6 deploy additional resources towards selling milk to university cafeterias in dairy-  
7 producing states. McKinsey's "granular" approach to the milk seller's business  
8 channels has identified a way to increase higher margin sales, leading to newfound  
9 growth for the client.

10 99. Rather than milk, McKinsey deployed this strategy on OxyContin, a  
11 controlled substance, after its manufacturer pled guilty to misrepresenting the  
12 addictive and deadly properties of the drug.

## 13 2. "Identifying Granular Growth Opportunities for OxyContin"

14 100. McKinsey's granular analysis of Purdue's OxyContin sales efforts led  
15 to the implementation of a number of strategies to sell more pills.

16 101. By January 2010, McKinsey informed Purdue that, in accordance with  
17 the tenants of its granular growth analysis, Purdue could generate "\$200,000,000 to  
18 \$400,000,000" in additional annual sales of OxyContin by implementing  
19 McKinsey's strategies.

20 102. In June of 2012, Stewart assigned McKinsey to "understand the  
21 significance of each of the major factors affecting OxyContin's sales."

22 103. This McKinsey did in excruciatingly granular detail, analyzing each  
23 sales channel for Purdue's opioids for weaknesses and opportunities. For instance,  
24 McKinsey informed the Sacklers that "deep examination of Purdue's available  
25 marketing purchasing data shows that Walgreens has reduced its units by 18%."  
26 Further, "the Walgreens data also shows significant impact on higher OxyContin  
27 doses." In order to counter these perceived problems, McKinsey suggested that  
28 Purdue's owners lobby Walgreens specifically to increase sales. It also suggested

1 the establishment of a direct-mail specialty pharmacy so that Purdue could  
 2 circumvent Walgreens and sell directly to Walgreens' customers. In addition,  
 3 McKinsey suggested the use of opioid savings cards distributed in neighborhoods  
 4 with Walgreens locations to encourage the use of Purdue's opioids despite  
 5 Walgreens' actions.

6 104. The themes of McKinsey's work would be crystallized in a series of  
 7 presentations and updates made to the Sackler family and Purdue's board of  
 8 directors in the summer of 2013 entitled "Identifying Granular Growth  
 9 Opportunities for OxyContin."

10 **a. Marketing – Countering Emotional Messages**

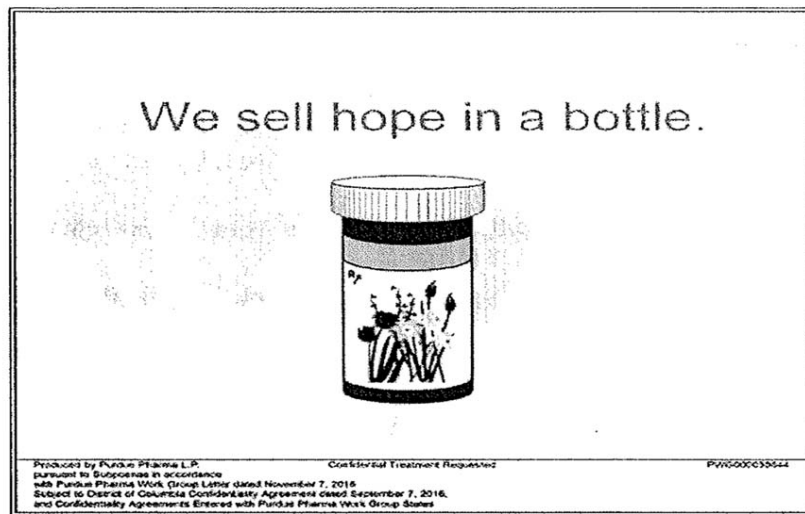
11 105. From the outset of McKinsey's known work for Purdue, the work was  
 12 grim. In June of 2009, McKinsey teamed with Purdue's CMO (and current CEO)  
 13 Landau and his staff to discuss how best to "counter emotional messages from  
 14 mothers with teenagers that overdosed in [sic] OxyContin."

15 106. Months later, McKinsey advised Purdue to market OxyContin based  
 16 on the false and misleading notion that the drug can provide "freedom" and "peace  
 17 of mind" for its users, and concomitantly reduce stress and isolation.

18 107. These marketing claims were tailored to avoid any pitfalls that the  
 19 Corporate Integrity Agreement might hold. While nonetheless false and misleading,  
 20 these claims regarding "freedom" and "peace of mind" of OxyContin users were  
 21 narrowly tailored in order to avoid representations regarding "the withdrawal, drug  
 22 tolerance, drug addiction or drug abuse of Purdue's products," as specified in  
 23 Section III.B.2.c of the Corporate Integrity Agreement.

24 108. Purdue's marketing materials from that time period are illustrative of  
 25 the approach:<sup>31</sup>

26  
 27  
 28 <sup>31</sup> *State of Tenn. v. Purdue Pharma L.P.*, No. 1-173-18, Complaint at ¶24 (Tenn.  
 Cir. Ct. May 15, 2018).



109. In addition, McKinsey suggested the tactic of “patient pushback,” wherein McKinsey and Purdue would foment patients to directly lobby their doctors for OxyContin when those physicians expressed reservations regarding the administration of Purdue’s opioids.

#### **b. Targeting – Selling More OxyContin to Existing High Prescribers**

110. Perhaps the key insight McKinsey provided was, using its granular approach, to identify historically large prescribers and target ever more sales and marketing resources on them.

111. On January 20, 2010, Purdue’s board of directors was informed of the ongoing work McKinsey was performing concerning a new “physician segmentation” initiative whereby McKinsey would analyze the opioid prescribing patterns of individual physicians to identify those that had historically been the highest prescribers. McKinsey then worked with Purdue’s sales and marketing staff to specifically target those prescribers with a marketing blitz to encourage even further prescribing.

112. Purdue trained its sales force in tactics to market to these high prescribers based on McKinsey’s insights and designed in conjunction with McKinsey.



1           113. Many of the historically highest prescribers of OxyContin – those  
2 same individuals that McKinsey urged Purdue to target for ever more prescriptions  
3 – had prescribed Purdue’s OxyContin *before* the 2007 guilty plea, and had already  
4 been subjected to Purdue’s misrepresentations regarding OxyContin that were the  
5 subject of that guilty plea.

6           114. McKinsey identified these physicians – those that had already been  
7 influenced by Purdue’s misrepresentations and were thus already high prescribers  
8 – as optimal targets for a massive marketing push to sell more OxyContin.

9           115. McKinsey worked assiduously with Purdue over many years to  
10 continually refine this approach, and required ever-more granular data for its  
11 analysis. More than three years after the initial introduction of the physician  
12 segmentation initiative, McKinsey requested, and Purdue provided, “prescriber-  
13 level milligram dosing data” so that they could further analyze the individual  
14 amounts of OxyContin prescribed by individual physicians.

15           116. At the same time, it requested this “prescriber-level milligram dosing  
16 data” from Purdue, McKinsey urged the Sacklers to strictly manage the target lists  
17 of each sales representative to assure that the maximum amount of each sales  
18 representative’s time was spent with the most attractive customers.

19           117. On July 23, 2013, Purdue’s board of directors discussed concerns  
20 about “the decline in higher strengths” of Purdue’s opioids as well as an observed  
21 decline in “tablets per Rx.” In order to assure that the threat to OxyContin sales  
22 growth be addressed, McKinsey was assigned “to actively monitor the number and  
23 size of opioid prescriptions written by individual doctors.”

24           118. In unveiling of *Project Turbocharge* to Purdue and the Sacklers,  
25 McKinsey stated that the most prolific OxyContin prescribers wrote “25 times as  
26 many OxyContin scripts” as less prolific prescribers, and urged Purdue and the  
27 Sacklers to “make a clear go-no go decision to ‘Turbocharge the Sales Engine’” by  
28 devoting substantial capital toward McKinsey’s plan.

1           119. McKinsey also stated that increased numbers of visits by sales  
2 representatives to these prolific prescribers would increase the number of opioid  
3 prescriptions that they would write.

4           120. By November 2013, McKinsey had obtained the physician-level data  
5 they had previously requested, and continued to study ways to sell additional  
6 OxyContin prescriptions by refining and targeting the sales pitch to them. The  
7 Purdue board of directors was kept apprised of McKinsey's progress.

8                   **c. Titration – Selling Higher Doses of OxyContin**

9           121. McKinsey understood that the higher the dosage strength for any  
10 individual OxyContin prescription, the greater the profitability for Purdue. Of  
11 course, higher dosage strength, particularly for longer periods of use, also  
12 contributes to opioid dependency, addiction, and abuse. Nonetheless, McKinsey  
13 advised Purdue to focus on selling higher strength dosages of OxyContin.

14           122. Consistent with its granular growth analysis, as early as October 26,  
15 2010 McKinsey advised the Sacklers and the Purdue board of directors that Purdue  
16 should train its sales representatives to “emphasiz[e] the broad range of doses,”  
17 which would have the intended effect of increasing the sales of the highest (and  
18 most profitable) doses of OxyContin.

19           123. McKinsey's work on increasing individual prescription dose strength  
20 continued throughout the time period McKinsey worked with Purdue. The Sacklers  
21 were informed on July 23, 2013, that Purdue had identified weakness in prescribing  
22 rates among the higher doses of OxyContin, and reassured the Sacklers that  
23 “McKinsey would analyze the data down to the level of individual physicians” in  
24 order to study ways to maximize the sales of the highest-dose OxyContin pills.

25           124. Purdue implemented McKinsey's suggestions through adopting the  
26 marketing slogan to “Individualize the Dose,” and by 2013 encouraged its sales  
27 representatives to “practice verbalizing the titration message” when selling  
28 Purdue's opioids to prescribers.



**d. Covered Persons – Sales Quotas and Incentive  
Compensation**

125. McKinsey urged the use of quotas and bonus payments to motivate the sales force to sell as many OxyContin prescriptions as possible.

126. Notably, this behavior was contemplated by the 2007 Corporate Integrity Agreement, which required Purdue to implement written policies regarding “compensation (including salaries and bonuses) for [sales representatives] engaged in promoting and selling Purdue’s products that are designed to ensure that financial incentives *do not inappropriately motivate such individuals to engage in the improper promotion or sales of Purdue’s products.*” (emphasis added).

127. By 2010, Purdue had implemented a four-year plan, consistent with McKinsey’s strategy, to dramatically increase the quota of required annual sales visits by Purdue sales representatives to prescribers. The quota was 545,000 visits in 2010; 712,000 visits in 2011; 752,000 in 2012; and 744,000 visits in 2013.

128. On August 8, 2013, as part of their “Identifying Granular Growth Opportunities for OxyContin” presentation, McKinsey urged the Sacklers to “establish a revenue growth goal (e.g., \$150M incremental stretch goal by July 2014) and set monthly progress reviews with CEO and Board.”

129. In its “Identifying Granular Growth Opportunities for OxyContin” presentation to the Purdue board of directors in July 2013, McKinsey nonetheless urged Purdue, in addition to increasing the focus of the sales force on the top prescribers, to also increase the overall quotas for sales visits for individual sales representatives from 1,400 to 1,700 annually.

130. In 2013, McKinsey identified one way that Purdue could squeeze more productivity out of its sales force: by slashing *one third* of the time devoted to that Purdue devoted to training its sales force (from 17.5 days per year to 11.5 days):

One possible way to attain benchmark ~1500 calls per year is to decrease training days by ~6 days and increase calls per day by 5% One possible route to benchmark

Current call activity		Potential new allocation	
Number of "on territory" days per year		Number of "on territory" days per year	
Item	Days <sup>1</sup>	Item	Days <sup>1</sup>
Number of working days	260	Number of working days	260
Holidays	-11.3	Holidays	-11.3
Vacation and other time off	-27.2	Vacation and other time off	-27.2
Trainings and meetings	-17.5	Trainings and meetings	-11.5
Other company-related time off of field	-4.3	Other company-related time off of field	-4.3
<b>Total days</b>	<b>199.7</b>	<b>Total days</b>	<b>205.7</b>
<b>Avg calls per day</b>	<b>x 7</b>	<b>Avg calls per day</b>	<b>x 7.35</b>
<b>Total calls per year</b>	<b>1398</b>	<b>Total calls per year</b>	<b>1512</b>

<sup>1</sup> Purdue 2012 Actual data was used for this analysis

SOURCE: Purdue; team analysis

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131. By eliminating one third of the amount of time sales representatives were required to be in training, McKinsey projected that Purdue could squeeze an additional 5% of physical calls per day out of its newly less-trained sales force.

132. Additionally, McKinsey advised Purdue on how to craft incentive compensation for the sales representatives, who were Covered Persons pursuant to the Corporate Integrity Agreement. McKinsey knew that, combined with the strictures of sales quotas and less training for the sales force, bonus/incentive compensation to the sales representatives based on the number of OxyContin prescriptions the representative produced could be a powerful driver of incremental OxyContin sales.

#### e. Increasing the Overall Size of the Opioid Market: the Larger the Pie, the Larger the Slice

133. Consistent with McKinsey's mandate, Purdue incentivized its sales staff "to increase not just sales of OxyContin but also generic versions of extended release oxycodone." Typically, one would not wish to encourage the sales of generic competitors that offer a similar product to your own. If, however, your goal

1 is to position a company so as to look like an attractive acquisition target, the growth  
 2 of the overall opioid market is just as important as one's own market share:  
 3 "Whereas pharma salespeople are usually compensated based on their ability to  
 4 grow sales of a particular medicine, part of the bonus for Purdue's staff was  
 5 calculated in relation to the size of the overall market."<sup>32</sup>

6 134. Notably, this notion that the size of a company's market share is not as  
 7 important as the size of the **overall** market in which it competes is a core insight of  
 8 McKinsey's granular approach to identifying corporate growth opportunities.  
 9 Describing their authors' conclusions in *The Granularity of Growth*, McKinsey  
 10 stated, "One of their most surprising conclusions is that increased market-share is  
 11 seldom a driver of growth. They contend, instead, that growth is driven by where a  
 12 company chooses to compete: which market segments it participates in ... the key  
 13 is to focus on granularity, to breakdown big-picture strategy into its smallest  
 14 relevant components."<sup>33</sup>

15 135. In other words, "Purdue's marketing force was indirectly supporting  
 16 sales of millions of pills marketed by rival companies."<sup>34</sup> "It's the equivalent of  
 17 asking a McDonald's store manager to grow sales of Burger King and KFC," stated  
 18 a government official with the HHS.<sup>35</sup> McKinsey designed this plan.<sup>36</sup>

19  
 20 <sup>32</sup> See David Crow, *How Purdue's 'one-two' punch fuelled the market for opioids*,  
 21 FIN. TIMES (Sept. 9, 2018), <https://www.ft.com/content/8e64ec9c-b133-11e8-8d14-6f049d06439c>.

22 <sup>33</sup> *The granularity of growth*, Book Excerpt, McKinsey & Co. (Mar. 1, 2008),  
 23 <https://www.mckinsey.com/business-functions/strategy-and-corporate-finance/our-insights/the-granularity-of-growth>.

24 <sup>34</sup> See David Crow, *How Purdue's 'one-two' punch fuelled the market for opioids*,  
 25 FIN. TIMES (Sept. 9, 2018), <https://www.ft.com/content/8e64ec9c-b133-11e8-8d14-6f049d06439c>.

26 <sup>35</sup> *Id.*

27 <sup>36</sup> Worth noting is that this strategy of increasing overall opioid sales directly  
 28 benefitted the Sacklers through their ownership of Rhodes. Especially worth noting  
 is that this strategy also benefitted McKinsey's other opioid clients, such as  
 Johnson and Johnson. "They have a huge amount of inside information, which  
 raises serious conflict issues at multiple levels," stated a former consultant,

1       **F. Transformation: Purdue Implements McKinsey's Strategies**

2       136. As early as September 11, 2009, McKinsey told Purdue that it could  
3 generate \$200 million to \$400 million in additional annual sales of OxyContin by  
4 implementing McKinsey's strategy based on the opportunities its granular growth  
5 analysis had identified. McKinsey reiterated its assurances regarding the hundreds  
6 of millions of dollars of additional OxyContin sales on January 20, 2010.

7       137. Purdue accepted and, with McKinsey's ongoing assistance,  
8 implemented McKinsey's strategies for selling and marketing OxyContin.

9       138. For instance, in January 2010, Purdue was training its sales and  
10 marketing force on the new sales tactics based on a "physician segmentation"  
11 initiative that McKinsey urged. The strategy developed as a result of McKinsey's  
12 granular analysis of OxyContin sales channels. The initiative sought to identify the  
13 most prolific OxyContin prescribers and then devote significant resources towards  
14 convincing those high prescribers to continue to prescribe even more OxyContin,  
15 in higher doses, for longer times, to ever more patients.

16       139. On January 20, 2010, the Purdue board of directors was informed of  
17 the progress in implementing McKinsey's "physician segmentation" initiative.

18       140. This collaboration would continue over the course of the relationship  
19 between Purdue and McKinsey.

20  
21  
22  
23 referring to McKinsey's influential role as advisor to multiple participants in a  
24 given industry, such as opioid manufacturing. It "puts them in a kind of oligarchic  
25 position." Michelle Celarier, *The Story McKinsey Didn't Want Written*,  
INSTITUTIONAL INV. (July 8, 2019),  
<https://www.institutionalinvestor.com/article/b1g5zjdc97k2y/The-Story-McKinsey-Didn-t-Want-Written>.

26       For example, in an August 15, 2013 presentation to Purdue management  
27 entitled "Identifying OxyContin Growth Opportunities," McKinsey noted that  
28 "McKinsey's knowledge *of the ways other pharma companies operate* suggests  
Purdue should reassess the roles of MSL and HECON Groups – and further drive  
the salesforce to be more responsive to formulary coverage changes." (emphasis  
added).

1           141. During the time that McKinsey was advising Purdue, Purdue  
 2 deliberately minimized the importance of the Corporate Integrity Agreement. In  
 3 2008, Carol Panara joined the Purdue sales force from rival Novartis. She would  
 4 stay with the company until 2013, during which time McKinsey was responsible  
 5 for increasing OxyContin sales at Purdue, and culminating with the implementation  
 6 of McKinsey's "Project Turbocharge," beginning September 2013.

7           142. Ms. Panara stated that the 2007 guilty plea was deliberately minimized  
 8 by the company in presentations to its sales staff: "They said, 'we were sued, they  
 9 accused us of mis- marketing, but that wasn't really the case. In order to settle it  
 10 and get it behind us we paid a fine.' You had the impression they were portraying  
 11 it as a bit of a witch hunt."<sup>37</sup> (Purdue and its executives paid \$634.5 million in fines.)

12           143. Consistent with McKinsey's mandate, McKinsey devised methods for  
 13 sales staff to sell OxyContin to doctors while at the same time maintaining technical  
 14 compliance with the Corporate Integrity Agreement: Ms. Panara stated that, though  
 15 she was told she could not flatly claim that OxyContin was better or safer than other  
 16 opioids, "she was trained to talk about products in ways that implied that it was  
 17 safer." She might tout OxyContin's 12-hour formulation to a prescriber. "You could  
 18 say that with a shorter-acting medication that wears off after six hours, there was a  
 19 greater chance the patient was going to jump their dosing schedule and take an extra  
 20 one a little earlier. We couldn't say [it was safer], but I remember we were told that  
 21 doctors are smart people, they're not stupid, they'll understand, they can read  
 22 between the lines."<sup>38</sup>

23  
 24  
 25  
 26  
 27 <sup>37</sup> See David Crow, *How Purdue's 'one-two' punch fuelled the market for opioids*,  
 FIN. TIMES (Sept. 9, 2018), <https://www.ft.com/content/8e64ec9c-b133-11e8-8d14-6f049d06439c>.

28 <sup>38</sup> *Id.*

1                   **1. Project Turbocharge**

2           144. In 2013, the year after the Corporate Integrity Agreement expired,  
3 McKinsey urged a number of transformational sales and marketing tactics that  
4 would further boost OxyContin sales. McKinsey described these tactics to the  
5 Purdue board of directors in a series of updates entitled “Identifying Granular  
6 Growth Opportunities for OxyContin” in July and August of 2013.

7           145. McKinsey dubbed their overall sales and marketing strategy for  
8 Purdue “Project Turbocharge,” and urged the Sackler family and the board of  
9 directors to adopt it.

10          146. The Sacklers were impressed with McKinsey’s work. On August 15,  
11 2013, Richard Sackler emailed Mortimer D.A. Sackler, “the discoveries of  
12 McKinsey are astonishing.”

13          147. Eight days later, on August 23, 2013, McKinsey partners met with the  
14 Sackler family – not the Purdue board of directors – in order to pitch Project  
15 Turbocharge. Dr. Arnab Ghatak (“Ghatak”), one of the McKinsey partners leading  
16 the Purdue account, recounted the meeting to fellow partner Elling in an email  
17 exchange: “[T]he room was filled only with family, including the elder statesman  
18 Dr. Raymond [Sackler] . . . We went through exhibit by exhibit for about 2 hrs . . .  
19 They were extremely supportive of the findings and our recommendations . . . and  
20 wanted to strongly endorse getting going on our recommendations.”

21          148. Elling, a co-leader of the Purdue account, remarked in the same email  
22 correspondence that McKinsey’s “findings were crystal clear to” the Sacklers, and  
23 that the Sacklers “gave a ringing endorsement of ‘moving forward fast.’”

24          149. As a result of the Sackler family endorsement of McKinsey’s  
25 proposals, the following month Purdue implemented Project Turbocharge based on  
26 McKinsey’s recommendations. In adopting “Project Turbocharge,” Purdue  
27  
28



1 acknowledged the improper connotations of the name, and re-christened the  
 2 initiative the decidedly more anodyne “E2E: Evolve to Excellence.”<sup>39</sup>

3 150. Evolve to Excellence (“E2E”) was the theme of Purdue’s 2014  
 4 National Sales Meeting.

5 151. CEO Stewart also told sales staff that board member Paolo Costa was  
 6 a “champion for our moving forward with a comprehensive ‘turbocharge’ process,”  
 7 referring to McKinsey’s plan.

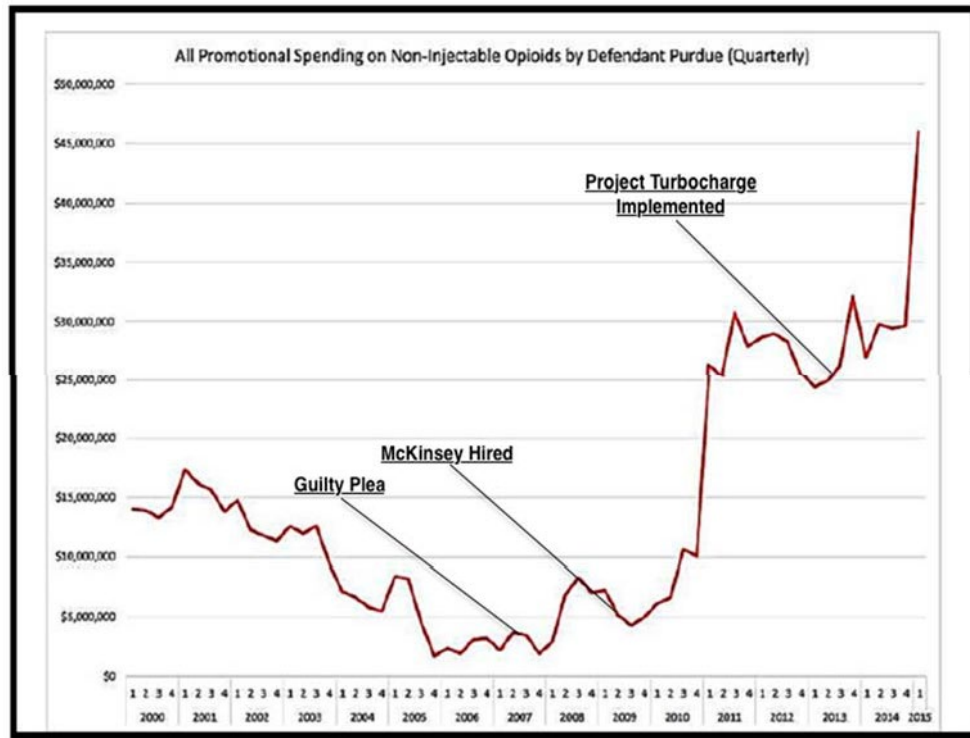
8 152. After Purdue adopted McKinsey’s recommendations, McKinsey  
 9 continued to work with Purdue sales and marketing staff reporting to Gasdia during  
 10 Purdue’s implementation of McKinsey’s recommendations.

11 153. In fact, the entire E2E initiative was overseen by McKinsey and some  
 12 Purdue executives, who together comprised the E2E Executive Oversight Team and  
 13 Project Management Office.

14 154. At the same time, the Sacklers were kept informed of the  
 15 implementation of McKinsey’s OxyContin strategy. According to a September 13,  
 16 2013 board agenda, the board of directors discussed with the Sacklers the ongoing  
 17 implementation of McKinsey’s sales tactics.

18 155. McKinsey’s Project Turbocharge, now re-named Evolve to  
 19 Excellence, called for a doubling of Purdue’s sales budget. Under McKinsey’s prior  
 20 tutelage, Purdue’s promotional spending had already skyrocketed. McKinsey’s  
 21 influence on Purdue’s operations after the 2007 guilty plea is stark:

22  
 23  
 24  
 25  
 26 <sup>39</sup> Regarding the name change, CEO Stewart wrote to McKinsey partners Rosiello  
 27 and Ghatak on August 15, 2013: “Paolo Costa was especially engaged in the  
 28 discussion and he (among others) will be a champion for our moving forward with  
 a comprehensive ‘turbocharge’ process – ***though we do need to find a better and  
 more permanently appropriate name.***” (emphasis added).



156. At the time of McKinsey's first known work for Purdue, Purdue spent approximately \$5 million per quarter on sales and marketing. By the time McKinsey's Project Turbocharge had been implemented, total quarterly sales and marketing spending at Purdue exceeded \$45 million per quarter, an increase of **800%**.

157. Project Turbocharge continued despite the arrival of a new CEO at Purdue. On January 17, 2014, new CEO Mark Timney received reports from McKinsey emphasizing that, in order to increase profits, Purdue must again increase the number of sales visits to "high-value" prescribers, i.e., those that prescribe the most OxyContin.<sup>40</sup>

<sup>40</sup> In fact, deposition testimony suggests McKinsey may have even been responsible for the fact that Timney was given the CEO job at Purdue in the first place. On October 30, 2020, Timney provided the following testimony:

Q: Are you familiar with McKinsey & Company?

A: I decline to answer on the ground that I may not be compelled to be a witness against myself in any proceeding.



1           158. McKinsey also urged, consistent with their granular approach, that  
2 sales representatives devote two-thirds of their time to selling OxyContin and one-  
3 third of their time selling Butrans, another Purdue product. Previously, the split had  
4 been fifty-fifty.

5           159. Purdue implemented McKinsey's suggestion.

6           **G. McKinsey's Efforts Triple OxyContin Sales**

7           160. Purdue got what it wanted out of McKinsey. Between the years of 2008  
8 through 2016, Purdue distributed in excess of \$4 billion to the Sackler family, with  
9 \$877 million distributed in 2010 alone.

10          161. These distributions would not have been possible without the  
11 McKinsey's work dramatically increasing OxyContin sales.

12          162. The Sacklers were aware of the value McKinsey provided: on  
13 December 2, 2013, CEO Stewart informed Kathe Sackler and Vice President of  
14 Sales and Marketing Gasdia that Project Turbocharge "was already increasing  
15 prescriptions and revenue." Crucially, these results were already being realized  
16 before the strategy was fully deployed as the theme of the 2014 National Sales  
17 Meeting.

18          163. McKinsey's contributions to Purdue's growth after 2007 are  
19 remarkable. OxyContin sales should have naturally declined: the Department of  
20 Justice identified OxyContin sales that were illegitimate because of Purdue's  
21 conduct, and the Inspector General of HHS entered into a Corporate Integrity  
22 Agreement whereby Purdue was monitored to assure that those sales did not  
23 continue.

24  
25  
26           Q: Did individuals at McKinsey assist you in getting  
27 hired as the CEO of Purdue?

28           A: I decline to answer on the ground that I may not be  
compelled to be a witness against myself in any  
proceeding. (emphasis added).

1           164. In 2007, the year of Purdue’s guilty plea, net sales of OxyContin  
2 totaled approximately \$1 billion.<sup>41</sup>

3           165. The guilty plea “did little to stem Purdue’s blistering growth rate.” In  
4 fact, by 2010, after McKinsey was advising Purdue on how to maximize sales,  
5 OxyContin sales exceeded \$3 billion: a tripling of revenue from OxyContin sales.<sup>42</sup>

6           166. Under McKinsey’s guidance, OxyContin sales would reach their all-  
7 time peak in 2013, the year McKinsey proposed, and Purdue adopted, Project  
8 Turbocharge.<sup>43</sup> That OxyContin sales peaked in 2013 is especially notable, given  
9 that overall opioid prescriptions had already peaked three years earlier, in 2010.<sup>44</sup>  
10 McKinsey’s efforts added a final boost to OxyContin sales before the eventual  
11 unraveling, and Purdue’s decision, in the end, to cease marketing the drug.

12           167. By 2018, with OxyContin sales in their inexorable decline, Purdue  
13 announced that it would cease sending sales representatives to healthcare providers  
14 to promote OxyContin. The ranks of sales representatives were cut back to 200  
15 people – the approximate size of Purdue’s sales staff prior to the initial launch of  
16 OxyContin.

17           168. In 2014, according to Purdue, there were 5.4 million OxyContin  
18 prescriptions written, 80% for twelve-hour dosing. Of those prescriptions, more  
19 than half were for doses greater than 60 milligrams per day.

20  
21  
22  
23 <sup>41</sup> See David Crow, *How Purdue’s ‘one-two’ punch fuelled the market for opioids*,  
FIN. TIMES (Sept. 9, 2018), <https://www.ft.com/content/8e64ec9c-b133-11e8-8d14-6f049d06439c>.

24 <sup>42</sup> *Id.*

25 <sup>43</sup> Phil McCausland & Tracy Connor, *OxyContin maker Purdue to stop promoting*  
26 *opioids in light of epidemic*, NBC NEWS (Feb. 10, 2018),  
<https://www.nbcnews.com/storyline/americas-heroin-epidemic/oxycontin-maker-purdue-stop-promoting-opioids-light-epidemic-n846726>.

27 <sup>44</sup> Gery P. Guy Jr, et al., *Vital Signs: Changes in Opioid Prescribing Patterns in the*  
28 *United States, 2006-2015*, MORB. MORTAL WKLY. REP. (July 7, 2017),  
<https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm>.

**H. McKinsey Was Aware of the Devastating Effects of Opioids and Continued to Provide Marketing Advice.**

169. McKinsey has long maintained a Pharmaceuticals and Medical Products (“PMP”) industry practice group dedicated to working with pharmaceutical companies. In 2003, when McKinsey’s relationship with Purdue began, the PMP group was led by Michael Pearson (“Pearson”). Pearson worked for McKinsey for 23 years and was a member of the firm’s shareholder council (McKinsey’s equivalent of a board of directors) in addition to leading PMP before departing McKinsey in 2008 to helm Valeant Pharmaceuticals.<sup>45</sup>

170. Pearson stated, “At McKinsey pharmaceuticals was one of our biggest industry groups.”<sup>46</sup> Pearson was “not the quintessential suave and intellectual McKinsey partner. He was loud and profane and was seen, in the words of one former colleague, as ‘sharp-edged and sharp elbowed.’”<sup>47</sup>

171. Under his leadership, McKinsey’s knowledge and expertise in the pharmaceutical industry was significant. By 2009, McKinsey described its capabilities: “We have an unparalleled depth of both functional and industry expertise as well as breadth of geographical reach. Our scale, scope, and knowledge allow us to address problems that no one else can. At heart, we are a network of people who are passionate about taking on immense challenges that matter to leading organizations, and often, to the world.”

<sup>45</sup> John Gapper, *McKinsey’s fingerprints are all over Valeant*, FIN. TIMES (Mar. 23, 2016), <https://www.ft.com/content/0bb37fd2-ef63-11e5-aff5-19b4e253664a>.

Notably, Rosiello, a McKinsey partner who was a co-lead of the Purdue account, went on to join Pearson at Valeant Pharmaceuticals in 2015 as Chief Financial Officer.

<sup>46</sup> Michael Peltz, *Mike Pearson’s New Prescription for the Pharmaceuticals Industry*, INSTITUTIONAL INV. (Sept. 3, 2014), <https://www.institutionalinvestor.com/article/b14zbjfm8nflc4/mike-pearsons-new-prescription-for-the-pharmaceuticals-industry>.

<sup>47</sup> John Gapper, *McKinsey’s fingerprints are all over Valeant*, FIN. TIMES (Mar. 23, 2016), <https://www.ft.com/content/0bb37fd2-ef63-11e5-aff5-19b4e253664a>.

1           172. McKinsey has a long history of consulting in the pharmaceutical  
2 industry. In addition to its work with Purdue, McKinsey has performed “opioid-  
3 related work” for Johnson & Johnson, Endo International, and Mallinckrodt  
4 Pharmaceuticals.

5           173. In 2012, while advising Purdue, McKinsey described its health care  
6 capabilities thusly: “Indeed, there is a doctor in the house. We have more than 1,700  
7 consultants with significant healthcare experience, including more than 150  
8 physicians and 250 consultants with advanced degrees in genetics, immunology,  
9 biochemical engineering, neurobiology, and other life sciences. We also have 75  
10 consultants with advanced degrees in public health, healthcare management, and  
11 related fields.”

12           174. By the time McKinsey was working with Purdue on sales and  
13 marketing in 2009, it already had extensive experience with opioids in particular.  
14 As early as 2002, McKinsey was advising other opioid manufacturers regarding  
15 methods to boost sales of their drugs. For example, on March 14, 2002, McKinsey  
16 prepared a confidential report for Johnson & Johnson regarding how to market their  
17 opioid Duragesic. Incredibly, one of the recommendations McKinsey provided to  
18 Johnson & Johnson was that they concentrate their sales and marketing efforts on  
19 doctors that were already prescribing large amounts of Purdue’s OxyContin.<sup>48</sup>

20           175. As early as 2002 McKinsey had such intricate knowledge of the sales  
21 and marketing practices of opioid manufacturers, generally, and Purdue’s efforts  
22 with OxyContin, specifically, that it was able to recommend to *a competitor of*  
23 *Purdue* that it boost its own opioid sales by *following in the footsteps of Purdue*.

24           176. What is more, on September 13, 2013 McKinsey briefed Purdue on the  
25 ongoing concerns regarding OxyContin addiction and diversion among prescribers:

26 \_\_\_\_\_  
27 <sup>48</sup> Chris McGreal, *Johnson & Johnson faces multibillion opioids lawsuit that could*  
28 *upend big pharma*, THE GUARDIAN (June 23, 2019),  
<https://www.theguardian.com/us-news/2019/jun/22/johnson-and-johnson-opioids-crisis-lawsuit-latest-trial>.

## Findings on messaging and positioning

PRELIMINARY

- Opioids overall are still viewed as effective and necessary class of painkillers, though side effects and addiction are concerns
- Key themes from prescriber interviews on abuse deterrents include:
  - Prescriber awareness of abuse deterrence and label change is mixed
  - Opinions on impact/efficacy of abuse deterrence vary
  - Most prescribers are concerned about abuse, but attempt to establish measures to protect themselves
  - Concerns remain that technology does not address oral abuse
  - Less informed prescribers ask for additional information and education around abuse deterrent formulations
- Existing market research suggests that most physicians do not feel that reformulation positively impacts their prescribing behavior, and that diversion, abuse and regulatory concerns continue to weigh on prescribers

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177. In a PowerPoint slide entitled “Findings on messaging and positioning,” part of a presentation to Purdue entitled “OxyContin growth opportunities: Phase 1 Final Report: Diagnostic,” McKinsey noted that “most prescribers are concerned about abuse,” and that “most physicians do not feel that [OxyContin] reformulation positively impacts their prescribing behavior, and that diversion, abuse and regulatory concerns continue to weigh on prescribers.”

178. Indeed, one reason that **Purdue** had knowledge that their own products were addictive and dangerous is because McKinsey told them.

179. In February 2009, only months prior to McKinsey’s first known work for Purdue,<sup>49</sup> Dr. Art Van Zee, in his peer-reviewed article in the American Journal of Public Health entitled “The promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy,” stated the matter plainly:

<sup>49</sup> In a 2013 presentation to Purdue’s CEO and Vice President of Sales and Marketing, McKinsey referenced McKinsey’s “prior experiences serving Purdue that go back 10 years.” Presentation by McKinsey to John Stewart and Russell Gasdia entitled *Identifying granular growth opportunities for OxyContin: First Board Update*, at 2 (July 18, 2013). While McKinsey’s relationship with Purdue dates back to approximately 2003, the earliest known details of its work for Purdue date to June 2009. What McKinsey did for Purdue before 2009 is not presently known.

1 “*Compared with noncontrolled drugs, controlled drugs, with their potential for*  
 2 *abuse and diversion, pose different public health risks when they are*  
 3 *overpromoted and highly prescribed.*” (emphasis added). By 2004, “OxyContin  
 4 had become the most prevalent prescription opioid in the United States.”<sup>50</sup>

5 180. Further, Dr. Van Zee identified the precise tactics that McKinsey  
 6 deployed for Purdue as a source of OxyContin misuse and abuse, and suggested that  
 7 regulation may be appropriate to curtail its use: “The use of prescriber profiling data  
 8 to target high-opioid prescribers – coupled with very lucrative incentives for sales  
 9 representatives – would seem to fuel increased prescribing by some physicians –  
 10 perhaps the most liberal prescribers of opioids and, in some cases, the least  
 11 discriminate.”<sup>51</sup>

12 181. Of course, to argue that McKinsey had contemporaneous knowledge  
 13 of the fact that increasing OxyContin sales create even more addiction and misuse  
 14 in some ways misses the point. It disregards the context in which McKinsey was  
 15 operating after 2009: advising a monoline manufacturer of opioids about sales and  
 16 marketing practices for its addictive products while that manufacturer is bound by  
 17 a five-year Corporate Integrity Agreement covering the very same opioid sales and  
 18 marketing practices. In 2012, OxyContin accounted for 94% of Purdue’s revenue.<sup>52</sup>  
 19 As late as 2018, it remained 84% of Purdue’s revenue.<sup>53</sup>

20 182. McKinsey’s mandate was to increase Purdue’s opioid sales during a  
 21 time when Purdue was obligated to restrict its previous marketing strategies because  
 22 those strategies had caused the *overprescribing of opioids* and the inevitable  
 23

24 \_\_\_\_\_  
 25 <sup>50</sup> Art Van Zee, *The Promotion and Marketing of OxyContin: Commercial*  
 26 *Triumph, Public Health Tragedy*, 99 AM. J. PUB. HEALTH 221, 221, 224 (Feb.  
 27 2009),  
 28 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2622774/pdf/221.pdf>.

<sup>51</sup> *Id.*

<sup>52</sup> Gerald Posner, *Pharma* 524 (2020).

<sup>53</sup> *Id.*



1 consequences thereof. McKinsey's job was to counter the intended results of the  
2 Corporate Integrity Agreement; to devise strategies to sell as many pills as  
3 conceivably possible. Under McKinsey's tutelage, Purdue's growth continued its  
4 upward trajectory unabated, the Corporate Integrity Agreement notwithstanding.

5 183. If McKinsey was not aware of the adverse consequences of  
6 OxyContin, the drug it was paid to sell, such ignorance could not survive the  
7 granular reality of its relationship with Purdue. In June 2009, the earliest known  
8 work McKinsey performed for Purdue consisted of "countering the emotional  
9 messages from mothers with teenagers that overdosed on OxyContin."

10 184. Another indication that OxyContin sales should not be turbocharged:  
11 during McKinsey's work for Purdue, Purdue was unable to purchase product  
12 liability insurance to cover its practice of selling OxyContin.

13 185. McKinsey's method of aggressive marketing of opioids to prescribers  
14 has demonstrably exacerbated the opioid crisis. A recent Journal of American  
15 Medical Association study analyzed the Centers for Medicare and Medicaid  
16 Services' Open Payments database regarding pharmaceutical company marketing  
17 efforts towards doctors, as well as CDC data on prescription opioid overdose deaths  
18 and prescribing rates, in order to assess whether pharmaceutical marketing of  
19 opioids to physicians affected the rate of prescription opioid overdose deaths.  
20 Notably, the study analyzed these marketing practices beginning August 1, 2013  
21 and ending December 31, 2015.<sup>54</sup>

22 186. These dates are significant, as the study captures the same timeframe  
23 that McKinsey's Project Turbocharge was implemented at Purdue.

24  
25  
26  
27 <sup>54</sup> Scott E. Hadland et al., *Association of Pharmaceutical Industry Marketing of*  
28 *Opioid Products with Mortality from Opioid-Related Overdoses*, 2 JAMA  
NETWORK 1 (Jan. 18, 2019),  
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720914>.



187. The study noted “physician prescribers are the most frequent source of prescription opioids for individuals who use opioids nonmedically.”<sup>55</sup>

188. The study found that “increased county-level opioid marketing was associated with elevated overdose mortality 1 year later, an association mediated by opioid prescribing rates; per capita, *the number of marketing interactions with physicians demonstrated a stronger association with mortality* than the dollar value of marketing.”<sup>56</sup> (emphasis added).

### **I. McKinsey Continued Consulting to Increase the Sale of Opioids Despite the Nationwide Epidemic**

189. Marvin Bower (“Bower”), a founding father of McKinsey and managing director of the firm from 1950 to 1967, instilled an ethos at McKinsey that has been reinforced throughout the decades as a core value of the firm: “Deliver bad news if you must, but deliver it properly.”<sup>57</sup>

190. McKinsey’s work with Purdue, which began just after his death in 2003, would have been unrecognizable to Bower, one of the founders of modern management consulting. Instead of acknowledging the elephant in the room – that Purdue’s business was knowingly maximizing the amount of addictive and deadly opioids sold in the United States – and delivering that bad news properly to the client, McKinsey instead committed to partner with Purdue to maximize opioid sales, the torpedoes be damned.

191. On October 23, 2017, the president of the United States declared the ongoing nationwide opioid epidemic a “public health emergency.” Even at this late hour in the crisis, McKinsey continued to propose solutions to the Sacklers and Purdue to further boost opioid sales. These solutions were fashioned, in perfect

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<sup>55</sup> *Id.*

<sup>56</sup> *Id.*

<sup>57</sup> McDonald, *The Firm*, at 35.

McKinsey parlance, as “high impact interventions to rapidly address market access challenges.”

192. Less than two months after the public health emergency declaration, McKinsey proposed these high impact interventions to Purdue and its board of directors. Among them was perhaps McKinsey’s most audacious gambit of the entire Purdue relationship: paying money – “rebates” – to health insurers whenever someone overdosed on Purdue’s drug.

193. Once again, in perfect McKinsey parlance,<sup>58</sup> these payments for future OxyContin overdoses were christened “Event-Based contracts.” To wit:

Important considerations when designing an Event-Based Contract

	Key facts	Implications
1 Total event volume	• There are ~1200 OD/ODD opioid events per million members in a year <sup>1</sup>	• OD/ODD events can be tracked to determine an incidence rate
2 Attributing to OxyContin	• 4% of OD/ODDs involve any level of OxyContin, mostly (>90%) without other EROs	• OxyContin-related OD/ODD events can be defined in a simple way
3 Defining an event rate	• Today there are ~50 events of OxyContin-related OD/ODDs per million members per year <sup>2</sup> and has grown by 5% annually between 2014-16	• 2019 rates expected to be around 60 events per a million members per year, with a sensitivity of 45-75 events per million members
4 Rebate per event	• Meaningful rebate amounts per OD/ODD event can vary from ~\$6k (cost of OxyContin <sup>3</sup> ) to ~\$14k (excess medical costs <sup>4</sup> )	• Need to determine which payment amount is optimal
5 Exposure for top accounts	• For top 7 accounts, rebate exposure ranges from ~\$3-15M per year, with the exception of CVS and ESI	• Exposure could vary if projected OD/ODD rates differ from expected

1 Defined as first occurrence for overdose or opioid use disorder ICD-10 codes F11, T40.0, T40.2, T40.3, T40.4F11 | ICD-9 codes 304.0, 304.7, 305.5, 965.00, 965.02, 965.09  
2 Defined as any level of OxyContin use, including with other ERO combinations  
3 Based on estimated monthly Rx cost of \$530  
4 Kirson et al, "Economic Burden of Opioid Abuse: Updated Findings," JGIM vol 23, No 4, April 2017

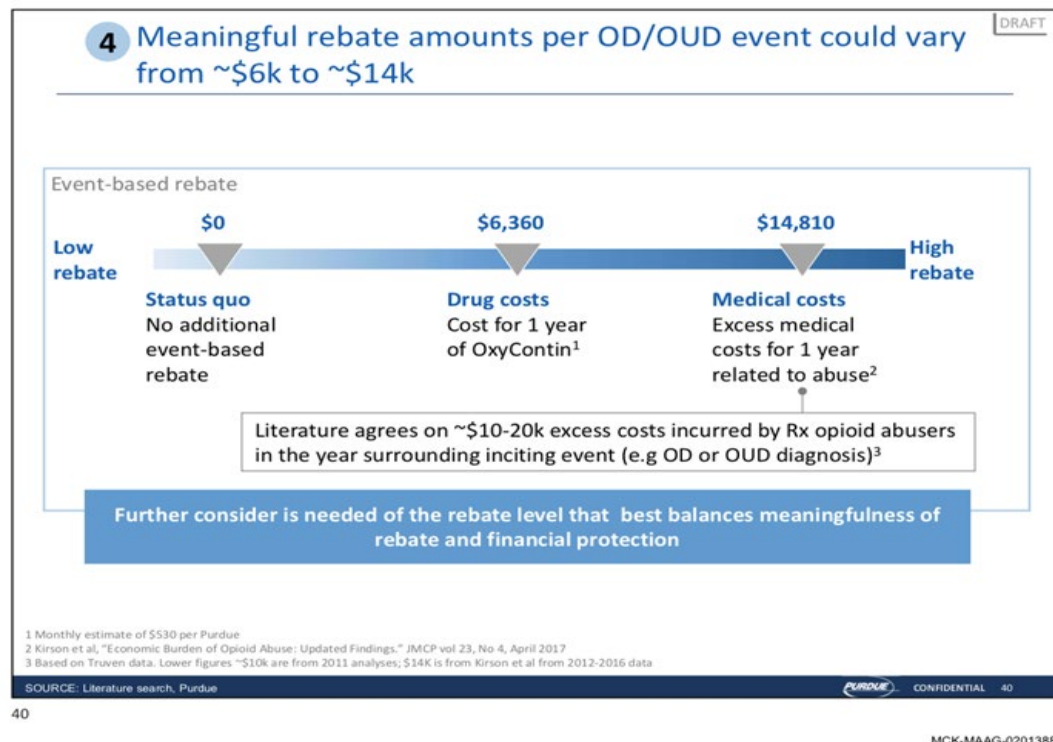
SOURCE: Truven MarketScan 2012-2016, Literature search, TBD for plan sizes

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<sup>58</sup> “Consultant-ese,” when applied to work as grim as maximizing opioid sales in the face of a national disaster, led one former McKinsey consultant to state: “This is the banality of evil, M.B.A. edition.” Walt Bogdanich & Michael Forsythe, *McKinsey Proposed Paying Pharmacy Companies Rebates for OxyContin Overdoses*, N.Y. TIMES (Nov. 27, 2020), <https://www.nytimes.com/2020/11/27/business/mckinsey-purdue-oxycontin-oids.html>.

194. Helpfully, McKinsey provided estimates for the future costs of these “events.”<sup>59</sup> McKinsey noted that, if Purdue were to start making overdose payments, it would “need to determine which payment amount is optimal.”

195. A “meaningful” amount, according to McKinsey, would be somewhere between six and fifteen thousand dollars for each person who overdoses or develops opioid-use disorder as a result of Purdue’s drugs:



196. The money would be paid to health insurers for the increased costs of additional medical services that resulted from the fact that Purdue’s medications caused opioid-use disorder and overdoses in people whose health care costs were the payors’ obligation. The money McKinsey proposed Purdue pay out in these circumstances would not go to the individuals afflicted, nor the estates of the dead.

<sup>59</sup> McKinsey defined an “event” as “first occurrence for overdose or opioid use disorder.”

1 197. It is little surprise, then, that McKinsey was concerned with its legal  
 2 liability for this work. Within months of recommending “event-based contracts” to  
 3 Purdue, Elling raised this concern with Ghatak and suggested corrective action:  
 4 destroying evidence.

5 Message

6 **From:** Martin Elling [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP  
 (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6B33C3264F744B04AF05FA59341271BE-MARTIN ELLI]  
 7 **Sent:** 7/4/2018 12:10:13 PM  
 8 **To:** A G [drarnabghatak@gmail.com]  
 9 **Subject:** Re: [EXT]Re: Howdy

10 Have a great fourth. M

11 > On Jul 4, 2018, at 2:01 PM, A G <drarnabghatak@gmail.com> wrote:

12 > Thanks for the heads up. Will do.

13 >> On Jul 4, 2018, at 7:57 AM, Martin Elling <martin\_elling@mckinsey.com> wrote:

14 >> Just saw in the FT that Judy Lewent is being sued by states attorneys general for her role on the  
 15 Purdue Board. It probably makes sense to have a quick conversation with the risk committee to see if we  
 16 should be doing anything other than eliminating all our documents and emails. Suspect not but as things  
 17 get tougher there someone might turn to us. M

18 >> +=====+  
 19 >> This email is confidential and may be privileged. If you have received it  
 20 >> in error, please notify us immediately and then delete it. Please do not  
 21 >> copy it, disclose its contents or use it for any purpose.  
 22 >> +=====+

17 198. Elling’s prediction that things would “get tougher” for Purdue would  
 18 prove prescient.

19 **1. Purdue Pleads Guilty Once Again**

20 199. On October 20, 2020, Purdue – McKinsey’s co-conspirator – agreed  
 21 with the United States Department of Justice to plead guilty to improper marketing  
 22 of OxyContin and other opioids again. This time the plea agreement concerned  
 23 conduct from 2010 to 2018.

24 200. Purdue agreed to plead guilty to a dual-object conspiracy to defraud  
 25 the United States and to violate the Food, Drug, and Cosmetic Act, 21 U.S.C. §§  
 26 331, 353, among other charges, relating to its opioid sales and marketing practices  
 27 after the 2007 guilty plea.  
 28

1           201. The new plea agreement does not identify Purdue’s co-conspirators,  
2 and McKinsey is not identified by name in the agreement. Instead, McKinsey is  
3 referred to as the “consulting company.”

4           202. Purdue’s new guilty plea concerns Covered Conduct (as defined in the  
5 plea agreement) that directly implicates McKinsey in the conspiracy. It is the same  
6 conduct described in this Complaint.

7           203. Indeed, the plea agreement signed by McKinsey’s co-conspirator  
8 states bluntly: “Purdue, *in collaboration with [McKinsey]*, implemented many of  
9 [McKinsey’s] recommendations.” (emphasis added).

10           204. Further, Purdue admitted that E2E “*was overseen by [McKinsey]* and  
11 some of Purdue’s top executives through the creation of the E2E Executive  
12 Oversight Team (“EOT”) and Project Management Office (“PMO”).” (emphasis  
13 added).

## 14                           2. A *Mea Culpa*

15           205. On December 5, 2020, McKinsey issued a rare public statement  
16 regarding its work with a specific client on its website. The client was Purdue, and  
17 the statement was issued in response to Purdue’s second guilty plea and recent  
18 media reports regarding McKinsey’s work selling OxyContin after 2007:

19 206.

### 20                           **McKinsey statement on its past** 21                           **work with Purdue Pharma**

22                           *December 5, 2020*—As we look back at our client service during the opioid crisis, we recognize  
23 that we did not adequately acknowledge the epidemic unfolding in our communities or the terrible  
24 impact of opioid misuse and addiction on millions of families across the country. That is why last  
year we stopped doing any work on opioid-specific business, anywhere in the world.

25                           Our work with Purdue was designed to support the legal prescription and use of opioids for  
26 patients with legitimate medical needs, and any suggestion that our work sought to increase  
overdoses or misuse and worsen a public health crisis is wrong. That said, we recognize that we  
27 have a responsibility to take into account the broader context and implications of the work that we  
do. Our work for Purdue fell short of that standard.

28                           We have been undertaking a full review of the work in question, including into the 2018 email  
exchange which referenced potential deletion of documents. We continue to cooperate fully with  
the authorities investigating these matters.



1           207. As the statement indicates, McKinsey stopped doing opioid-specific  
2 work “anywhere in the world.” Given that Purdue’s operations addressed only the  
3 United States, the global reach of McKinsey’s regret is noteworthy.

4           208. In August of 2013, when the Sacklers adopted McKinsey’s “Project  
5 Turbocharge” for Purdue, Tim Reiner (“Reiner”), a long-time McKinsey  
6 consultant, joined Mundipharma. Mundipharma is a separate company – also  
7 owned by the Sacklers – that sells opioids internationally.

8           209. Reiner is currently the Sacklers’ “Chief Business Officer” at  
9 Mundipharma. As late as 2019, Mundipharma has been asserting many of the same  
10 misleading claims about opioids that previously led to criminal liability in the  
11 United States.<sup>60</sup>

12           210. “It’s right out of the playbook of Big Tobacco. As the United States  
13 takes steps to limit sales here, the company goes abroad,” stated former  
14 commissioner of the U.S. Food and Drug Administration, David Kessler.

#### 15           **J. The Impact of McKinsey’s and Purdue’s Conduct**

16           211. The deceptive marketing strategies McKinsey developed and helped  
17 to implement worked, as described above. Deceptive marketing, including  
18 marketing McKinsey worked to develop and implement, substantially contributed  
19 to an explosion in the use of opioids across the country, including in this State and  
20 in Plaintiffs’ Community.

21           212. The opioid epidemic has escalated with devastating effects. McKinsey  
22 and Purdue’s actions related to opioids has caused substantial opiate-related  
23 substance abuse, hospitalization, and death.

24  
25  
26  
27           <sup>60</sup> See Erika Kinetz, *Fake doctors, pilfered medical records drive OxyChina sales*,  
28 ASSOC. PRESS (Nov. 19, 2019),  
<https://apnews.com/article/4122af46fdb42119ae3db30aa13537c>.

1           213. As a result of the impacts described above, and others, Plaintiffs have  
 2 incurred substantial expense to address the opioid epidemic that McKinsey's  
 3 misconduct was a substantial factor in creating.

4           214. These impacts include, inter alia:

- 5           a. Costs for treating Opioid Use Disorder (OUD), co-occurring  
 6 Substance Use Disorder or Mental Health conditions (SUD/MH) and  
 7 patients suffering from overdoses. This includes healthcare and  
 8 medical care, Medication-Assisted Treatment and other withdrawal  
 9 management services as well as counseling, psychiatric and other  
 10 mental health care support, case management, and other therapeutic  
 11 treatment and recovery support services;
- 12           b. Costs associated with providing additional services to individuals with  
 13 OUD and related SUD/MH conditions, including housing,  
 14 transportation, education, job placement, job training and/or child care;
- 15           c. Costs for other social services to victims of the opioid epidemic and  
 16 their families;
- 17           d. Costs related to screening for OUD and other risk factors and programs  
 18 to reduce the transition from use to disorders;
- 19           e. Costs associated with addressing the needs of persons with OUD and  
 20 any co-occurring SUD/MH conditions who are involved in, are at risk  
 21 of becoming involved in, or are transitioning out of the criminal justice  
 22 system, and links to treatment and related services.
- 23           f. Costs for providing treatment, recovery support, harm reduction and  
 24 other services to individuals with OUD and related SUD/MH  
 25 conditions who are incarcerated.
- 26           g. Other costs associated with opioid-related crime.
- 27           h. Costs associated with addressing the needs, including treatment,  
 28 recovery services and prevention for pregnant or parenting women



1 with OUD and any co-occurring SUD/MH conditions, the needs of  
2 their families, including treating babies with neonatal abstinence  
3 syndrome (NAS);

4 i. Costs related to with providing treatment of infants born with NAS or  
5 other opioid-related medical conditions, or born dependent on opioids  
6 due to drug use by their mothers during pregnancy, including  
7 educating and supporting families affected by NAS and long-term  
8 monitoring and care for these children;

9 j. Costs associated with providing care for children whose parents suffer  
10 from opioid-related disability or incapacitation, including supportive  
11 housing and other residential services relating to children being  
12 removed from the home and/or placed in foster care due to custodial  
13 opioid use;

14 k. Costs related to efforts to prevent over-prescribing and ensure  
15 appropriate prescribing and dispensing through education and training;

16 l. Costs associated with efforts to discourage or prevent misuse of  
17 opioids including through public education campaigns and other  
18 prevention initiatives;

19 m. Costs of training first responders in the proper treatment of drug  
20 overdoses; including costs associated with providing first responders  
21 with naloxone—an opioid antagonist used to block the deadly effects  
22 of opioids in the context of overdose, and other costs associated with  
23 emergency responses by first responders to opioid overdoses;

24 n. Costs for drug disposal and take back programs and programs to  
25 provide naloxone and/or other drugs that treat overdoses to overdose  
26 patients, individuals with OUD and their friends, family members and  
27 others in the community who may come into contact with individuals  
28 who are overdosing.

**V. FACTUAL ALLEGATIONS PERTAINING TO CLAIMS UNDER  
THE RACKETEER-INFLUENCED AND CORRUPT  
ORGANIZATIONS (RICO) ACT: THE OPIOID MARKETING  
ENTERPRISE**

**A. The Common Purpose and Scheme of the Opioid Marketing Enterprise**

215. Knowing that these products were highly addictive, ineffective and unsafe for the treatment of long-term chronic pain, non-acute and non-cancer pain, McKinsey, which participated in the marketing and sale of opioids as described in this complaint, and manufacturers of opioids, including Purdue, Johnson & Johnson, Cephalon, Janssen, Endo, and Mallinckrodt (collectively, including McKinsey, the “Opioid Marketing Enterprise Members”) formed an association-in-fact enterprise and engaged in a scheme to unlawfully increase their profits and sales, and grow their share of the prescription painkiller market, through repeated and systematic misrepresentations about the safety and efficacy of opioids for treating long-term chronic pain.

216. In order to unlawfully increase the demand for opioids, the Opioid Marketing Enterprise Members formed an association-in-fact enterprise (the “Opioid Marketing Enterprise”). Through their personal relationships, the members of the Opioid Marketing Enterprise had the opportunity to form and take actions in furtherance of the Opioid Marketing Enterprise’s common purpose. The Opioid Marketing Enterprise Members’ substantial financial contribution to the Opioid Marketing Enterprise, and the advancement of opioids-friendly messaging, fueled the U.S. opioids epidemic.

217. The Opioid Marketing Enterprise Members, through the Opioid Marketing Enterprise, concealed the true risks and dangers of opioids from the medical community and the public, including Plaintiffs, and made misleading statements and misrepresentations about opioids that downplayed the risk of addiction and exaggerated the benefits of opioid use. The misleading statements

1 included: (1) that addiction is rare among patients taking opioids for pain; (2) that  
2 addiction risk can be effectively managed; (3) that symptoms of addiction exhibited  
3 by opioid patients are actually symptoms of an invented condition the Opioid  
4 Marketing Enterprise Members named “pseudoaddiction”; (4) that withdrawal is  
5 easily managed; (5) that increased dosing presents no significant risks; (6) that long-  
6 term use of opioids improves function; (7) that the risks of alternative forms of pain  
7 treatment are greater than the adverse effects of opioids; (8) that use of time-  
8 released dosing prevents addiction; (9) that abuse-deterrent formulations provide a  
9 solution to opioid abuse; and (10) that opioids would bring patients freedom and  
10 peace of mind.

11       218. The scheme devised, implemented and conducted by the Opioid  
12 Marketing Enterprise Members was a common course of conduct designed to  
13 ensure that the Opioid Marketing Enterprise Members unlawfully increased their  
14 sales and profits through concealment and misrepresentations about the addictive  
15 nature and effective use of the Opioid Marketing Enterprise Members’ drugs. The  
16 Opioid Marketing Enterprise Members acted together for a common purpose and  
17 perpetuated the Opioid Marketing Enterprise’s scheme, including through the  
18 unbranded promotion and marketing network as described above.

19       219. There was regular communication between the Opioid Marketing  
20 Enterprise Members in which information was shared, misrepresentations were  
21 coordinated, and payments were exchanged. The Opioid Marketing Enterprise  
22 Members functioned as a continuing unit for the purpose of implementing the  
23 Opioid Marketing Enterprise’s scheme and common purpose, and each agreed and  
24 took actions to hide the scheme and continue its existence.

25       220. As public scrutiny and media coverage focused on how opioids  
26 ravaged communities throughout the United States, McKinsey did not challenge  
27 Purdue or other manufacturers’ misrepresentations, seek to correct their previous  
28 misrepresentations, terminate their role in the Opioid Marketing Enterprise, nor

1 disclose publicly that the risks of using opioids for chronic pain outweighed their  
2 benefits and were not supported by medically acceptable evidence. Instead,  
3 McKinsey continued to participate in the Opioid Marketing Enterprise for financial  
4 gain.

5 221. The Opioid Marketing Enterprise Members engaged in certain discrete  
6 categories of activities in furtherance of the common purpose of the Opioid  
7 Marketing Enterprise. The Opioid Marketing Enterprise's conduct in furtherance of  
8 the common purpose of the Opioid Marketing Enterprise involved  
9 misrepresentations regarding the risk of addiction and safe use of prescription  
10 opioids for long-term chronic pain.

11 222. The impact of the Opioid Marketing Enterprise's scheme is still in  
12 place—i.e., the opioids continue to be prescribed and used for chronic pain  
13 throughout the area of Plaintiffs, and the epidemic continues to injure Plaintiffs, and  
14 consume Plaintiffs' resources.

15 223. As a result, it is clear that the Opioid Marketing Enterprise Members,  
16 including McKinsey, were each willing participants in the Opioid Marketing  
17 Enterprise, had a common purpose and interest in the object of the scheme, and  
18 functioned within a structure designed to effectuate the Enterprise's purpose.

19 **B. The Conduct of the Opioid Marketing Enterprise Violated Civil RICO**

20 224. From at least 2004 to the present, each of the Opioid Marketing  
21 Enterprise Members exerted control over the Opioid Marketing Enterprise and  
22 participated in the operation or management of the affairs of the Opioid Marketing  
23 Enterprise, directly or indirectly, in the following ways:

24 a. Creating and providing a body of deceptive, misleading and  
25 unsupported medical and popular literature about opioids that (i) understated  
26 the risks and overstated the benefits of long-term use; (ii) appeared to be the  
27 result of independent, objective research; and (iii) was thus more likely to be  
28 relied upon by physicians, patients, and payors;

1           b.     Creating and providing a body of deceptive, misleading and  
2     unsupported electronic and print advertisements about opioids that (i)  
3     understated the risks and overstated the benefits of long-term use; (ii)  
4     appeared to be the result of independent, objective research; and (iii) was thus  
5     more likely to be relied upon by physicians, patients, and payors;

6           c.     Creating and providing a body of deceptive, misleading and  
7     unsupported sales and promotional training materials about opioids that (i)  
8     understated the risks and overstated the benefits of long-term use; (ii)  
9     appeared to be the result of independent, objective research; and (iii) was thus  
10    more likely to be relied upon by physicians, patients, and payors;

11          d.     Devised and implemented marketing schemes that included  
12    targeting and misleading physicians, unlawfully incentivizing sales  
13    representatives to maximize prescriptions and dosages, and evading  
14    regulatory constraints.

15          e.     Disseminating many of their false, misleading, imbalanced, and  
16    unsupported statements through unbranded materials that appeared to be  
17    independent publications; and

18          f.     Using front groups and key opinion leaders ("KOLs") to mislead  
19    the public about opioids.

20        225. The scheme devised and implemented by the Opioid Marketing  
21    Enterprise Members amounted to a common course of conduct intended to increase  
22    the Opioid Marketing Enterprise Members' sales from prescription opioids by  
23    encouraging the prescribing and use of opioids for long-term chronic pain. The  
24    scheme was a continuing course of conduct, and many aspects of it continue through  
25    to the present.

1           **C. Pattern of Racketeering Activity**

2           226. The Opioid Marketing Enterprise Members' scheme described herein  
3 was perpetrated, in part, through multiple acts of mail fraud and wire fraud,  
4 constituting a pattern of racketeering activity as described herein.

5           227. The pattern of racketeering activity used by the Opioid Marketing  
6 Enterprise Members and the Opioid Marketing Enterprise likely involved thousands  
7 of separate instances of the use of the U.S. Mail or interstate wire facilities in  
8 furtherance of the unlawful Opioid Marketing Enterprise, including essentially  
9 uniform misrepresentations, concealments and material omissions regarding the  
10 beneficial uses and non-addictive qualities for the long-term treatment of chronic,  
11 non-acute and non-cancer pain, with the goal of profiting from increased sales of  
12 the Opioid Marketing Enterprise Members' drugs induced by consumers,  
13 prescribers, regulators and Plaintiffs' reliance on the Opioid Marketing Enterprise  
14 Members' misrepresentations.

15           228. Each of these fraudulent mailings and interstate wire transmissions  
16 constitutes racketeering activity and collectively, these violations constitute a  
17 pattern of racketeering activity, through which the Opioid Marketing Enterprise  
18 Members defrauded and intended to defraud Plaintiffs, and other intended victims.

19           229. The Opioid Marketing Enterprise Members devised and knowingly  
20 carried out an illegal scheme and artifice to defraud by means of materially false or  
21 fraudulent pretenses, representations, promises, or omissions of material facts  
22 regarding the safe, non-addictive and effective use of opioids for long-term chronic,  
23 non-acute and non-cancer pain. The Opioid Marketing Enterprise Members and  
24 members of the Opioid Marketing Enterprise knew that these representations  
25 violated the FDA approved use these drugs, and were not supported by actual  
26 evidence. The Opioid Marketing Enterprise Members intended that their common  
27 purpose and scheme to defraud would, and did, use the U.S. Mail and interstate wire  
28

1 facilities, intentionally and knowingly with the specific intent to advance, and for  
2 the purpose of executing, their illegal scheme.

3 230. By intentionally concealing the material risks and affirmatively  
4 misrepresenting the benefits of using opioids for chronic pain, to prescribers,  
5 regulators and the public, including Plaintiffs, the Opioid Marketing Enterprise  
6 Members engaged in a fraudulent and unlawful course of conduct constituting a  
7 pattern of racketeering activity.

8 231. The Opioid Marketing Enterprise Members' use of the U.S. Mail and  
9 interstate wire facilities to perpetrate the opioids marketing scheme involved  
10 thousands of communications, publications, representations, statements, electronic  
11 transmissions, payments, including, *inter alia*:

12 a. Marketing materials about opioids, and their risks and benefits,  
13 which the Opioid Marketing Enterprise Members sent to health care  
14 providers, transmitted through the internet and television, published, and  
15 transmitted to front groups and KOLs located across the country, including  
16 in Plaintiffs' Community;

17 b. Written representations and telephone calls among the Opioid  
18 Marketing Enterprise Members, and between the Opioid Marketing  
19 Enterprise Members and front groups, regarding the misrepresentations,  
20 marketing statements and claims about opioids, including the non-addictive,  
21 safe use of chronic long-term pain generally;

22 c. Written representations and telephone calls among the Opioid  
23 Marketing Enterprise Members, and between the Opioid Marketing  
24 Enterprise Members and KOLs regarding the misrepresentations, marketing  
25 statements and claims about opioids, including the non-addictive, safe use of  
26 chronic long-term pain generally;

27 d. E-mails, telephone and written communications among the  
28 Opioid Marketing Enterprise Members, and between the Opioid Marketing



1 Enterprise Members and the front groups agreeing to or implementing the  
2 opioids marketing scheme;

3 e. E-mails, telephone and written communications among the  
4 Opioid Marketing Enterprise Members, and between the Opioid Marketing  
5 Enterprise Members and the KOLs agreeing to or implementing the opioids  
6 marketing scheme;

7 f. Communications among the Opioid Marketing Enterprise  
8 Members, and between the Opioid Marketing Enterprise Members, front  
9 groups and the media regarding publication, drafting of treatment guidelines,  
10 and the dissemination of the same as part of the Opioid Marketing Enterprise;

11 g. Communications among the Opioid Marketing Enterprise  
12 Members, and between the Opioid Marketing Enterprise Members, KOLs  
13 and the media regarding publication, drafting of treatment guidelines, and the  
14 dissemination of the same as part of the Opioid Marketing Enterprise;

15 h. Written and oral communications directed to Plaintiffs and/or  
16 Plaintiffs' Community that fraudulently misrepresented the risks and benefits  
17 of using opioids for chronic pain; and

18 i. Receipts of increased profits sent through the U.S. Mail and  
19 interstate wire facilities—the wrongful proceeds of the scheme.

20 232. In addition to the above-referenced predicate acts, it was intended by  
21 and foreseeable to the Opioid Marketing Enterprise Members that the front groups  
22 and the KOLs would distribute publications through the U.S. Mail and by interstate  
23 wire facilities, and, in those publications, claim that the benefits of using opioids  
24 for chronic pain outweighed the risks of doing so.

25 233. To achieve the common goal and purpose of the Opioid Marketing  
26 Enterprise, the Opioid Marketing Enterprise Members and members of the Opioid  
27 Marketing Enterprise hid from the consumers, prescribers, regulators and the  
28 Plaintiffs: (a) the fraudulent nature of the Opioid Marketing Enterprise Members'

1 marketing scheme; (b) the fraudulent nature of statements made by the Opioid  
 2 Marketing Enterprise Members and by their KOLs, front groups and other third  
 3 parties regarding the safety and efficacy of prescription opioids; and (c) the true  
 4 nature of the relationship between the members of the Opioid Marketing Enterprise.

5 234. The Opioid Marketing Enterprise Members, and each member of the  
 6 Opioid Marketing Enterprise agreed, with knowledge and intent, to the overall  
 7 objective of the Opioid Marketing Enterprise Members' fraudulent scheme and  
 8 participated in the common course of conduct to commit acts of fraud and indecency  
 9 in marketing prescription opioids.

10 235. Indeed, for the Opioid Marketing Enterprise Members' fraudulent  
 11 scheme to work, each of them had to agree to implement similar tactics regarding  
 12 fraudulent marketing of prescription opioids. This conclusion is supported by the  
 13 fact that opioid manufacturers among the Opioid Marketing Enterprise Members  
 14 financed, supported, and worked through the same KOLs and front groups, and  
 15 often collaborated on and mutually supported the same publications, CMEs,  
 16 presentations, and prescription guidelines.

17 236. The Opioid Marketing Enterprise Members' predicate acts all had the  
 18 purpose of creating the opioid epidemic that substantially injured Plaintiffs'  
 19 business and property, while simultaneously generating billion-dollar revenue and  
 20 profits for the Opioid Marketing Enterprise Members. The predicate acts were  
 21 committed or caused to be committed by the Opioid Marketing Enterprise Members  
 22 through their participation in the Opioid Marketing Enterprise and in furtherance of  
 23 its fraudulent scheme.

## 24 **VI. TOLLING OF STATUTES OF LIMITATIONS**

### 25 **A. Equitable Estoppel and Fraudulent Concealment**

26 237. McKinsey is equitably estopped from relying upon a statute of  
 27 limitations defense because, alongside Purdue, McKinsey undertook active efforts  
 28 to deceive Plaintiffs and to purposefully conceal their unlawful conduct and

1 fraudulently assure the public and Plaintiffs that Purdue was undertaking efforts to  
2 comply with its obligations under the state and federal controlled substances laws,  
3 all with the goal of protecting its registered manufacturer or distributor status in the  
4 State and to continue generating profits for Purdue and McKinsey. Notwithstanding  
5 the allegations set forth above, McKinsey and Purdue affirmatively assured the  
6 public and Plaintiffs that they were working to curb the opioid epidemic.

7 238. McKinsey and Purdue were deliberate in taking steps to conceal their  
8 conspiratorial behavior and active role in the deceptive marketing and the  
9 oversupply of opioids through overprescribing and suspicious sales, all of which  
10 fueled the opioid epidemic.

11 239. McKinsey's consulting services were given confidentially, and both  
12 McKinsey and Purdue concealed the content of those services from the public.

13 240. McKinsey and Purdue also concealed from Plaintiffs the existence of  
14 Plaintiffs' claims by hiding their lack of cooperation with law enforcement and  
15 affirmatively seeking to convince the public that Purdue's legal duties to stop its  
16 deceptive marketing and report suspicious sales had been satisfied through public  
17 assurances that they were working to curb the opioid epidemic. They publicly  
18 portrayed themselves as committed to working diligently with law enforcement and  
19 others to prevent diversion of these dangerous drugs and curb the opioid epidemic,  
20 and they made broad promises to change their ways insisting they were good  
21 corporate citizens. These repeated misrepresentations misled regulators, prescribers  
22 and the public, including Plaintiffs, and deprived Plaintiffs of actual or implied  
23 knowledge of facts sufficient to put Plaintiffs on notice of potential claims.

24 241. Plaintiffs did not discover the nature, scope and magnitude of  
25 McKinsey's misconduct, and its full impact on Plaintiffs, and could not have  
26 acquired such knowledge earlier through the exercise of reasonable diligence.

1           242. Purdue and McKinsey's campaign to misrepresent and conceal the  
2 truth about the opioid drugs that they were aggressively pushing on Plaintiffs  
3 deceived the medical community, consumers, and Plaintiffs.

4           243. Further, Purdue and other opioid manufacturers also concealed and  
5 prevented discovery of information, including data from the ARCOS database.

6           244. McKinsey intended that their actions and omissions made with Purdue  
7 would be relied upon, including by Plaintiffs. Plaintiffs did not know and did not  
8 have the means to know the truth, due to McKinsey and Purdue's actions and  
9 omissions.

10           245. Plaintiffs reasonably relied on McKinsey and Purdue's affirmative  
11 statements regarding their purported compliance with their obligations under the  
12 law and consent orders.

13           **B. McKinsey and Purdue Persisted in The Fraudulent Scheme Despite a**  
14           **Guilty Plea and Large Fine**

15           246. In May 2007, Purdue and three of its executives pled guilty to federal  
16 charges of misbranding OxyContin in what the company acknowledged was an  
17 attempt to mislead doctors about the risk of addiction. Purdue was ordered to pay  
18 \$600 million in fines and fees. In its plea, Purdue admitted that its promotion of  
19 OxyContin was misleading and inaccurate, misrepresented the risk of addiction and  
20 was unsupported by science. Additionally, Michael Friedman, the company's  
21 president, pled guilty to a misbranding charge and agreed to pay \$19 million in  
22 fines; Howard R. Udell, Purdue's top lawyer, also pled guilty and agreed to pay \$8  
23 million in fines; and Paul D. Goldenheim, its former medical director, pled guilty  
24 as well and agreed to pay \$7.5 million in fines.

25           247. Nevertheless, even after the settlement, Purdue continued to pay  
26 doctors on speakers' bureaus to promote the liberal prescribing of OxyContin for  
27 chronic pain and fund seemingly neutral organizations to disseminate the message  
28 that opioids were non-addictive as well as other misrepresentations. At least until

1 early 2018, Purdue continued to deceptively market the benefits of opioids for  
2 chronic pain while diminishing the associated dangers of addiction. After Purdue  
3 made its guilty plea in 2007, it assembled an army of lobbyists to fight any  
4 legislative actions that might encroach on its business. Between 2006 and 2015,  
5 Purdue and other painkiller producers, along with their associated nonprofits, spent  
6 nearly \$900 million dollars on lobbying and political contributions— eight times  
7 what the gun lobby spent during that period. McKinsey participated extensively in  
8 these actions and provided Purdue with strategies and assistance to maximize sales  
9 as described in this complaint.

10 248. As all of the government actions against the Purdue and McKinsey  
11 demonstrate, McKinsey knew that the actions it took with Purdue were unlawful,  
12 and yet deliberately proceeded in order to increase Purdue's sales and profits, and  
13 in turn to serve McKinsey's financial interests.

14 249. In addition, McKinsey's consulting services were given confidentially,  
15 and the content of those services was not public. Plaintiffs did not have knowledge  
16 of the scope, magnitude, and unlawful nature of McKinsey's conduct until 2020,  
17 when documents produced in the Purdue bankruptcy proceedings revealed details  
18 regarding McKinsey's role in advising Purdue and working with Purdue to  
19 implement the unlawful conduct detailed in this complaint. Information in the  
20 public domain was insufficient to place Plaintiffs on notice of McKinsey's unlawful  
21 conduct, prior to 2020. For these reasons, any statutes of limitations applicable to  
22 Plaintiffs' claims did not begin to run and have been tolled until 2020.

23 250. In addition, McKinsey is estopped from relying on any statute of  
24 limitations defense because its unlawful practices as alleged herein, which were  
25 continuing in nature, have created continuing and repeated injuries to Plaintiffs and  
26 Plaintiffs' Community.

**VII. CAUSES OF ACTION**

**Count I: Racketeer Influenced and Corrupt Organizations (RICO)**

**18 U.S.C. § 1961, et. seq.**

251. Plaintiffs incorporate by reference all preceding paragraphs of this complaint as if fully set forth herein, and further allege as follows:

252. This claim is brought by Plaintiffs against Defendant McKinsey for actual damages, treble damages, and equitable relief under 18 U.S.C. § 1964, for violations of 18 U.S.C. § 1961, et seq.

253. At all relevant times, McKinsey is and has been a “person” under 18 U.S.C. § 1961(3) because it is capable of holding, and does hold, “a legal or beneficial interest in property.”

254. Each Plaintiff is a “person,” as that term is defined in 18 U.S.C. § 1961(3), and has standing to sue as it was and is injured in its business and/or property as a result of Defendant’s wrongful conduct described herein.

255. The Opioid Marketing Enterprise conducted an association-in-fact enterprise, and/or participated in the conduct of an enterprise through a pattern of illegal activities (the predicate racketeering acts of mail and wire fraud) to carry-out the common purpose of the Opioid Marketing Enterprise, i.e., to unlawfully increase profits and revenues from the continued prescription and use of opioids for long-term chronic pain. Through the racketeering activities of the Opioid Marketing Enterprise, the Opioid Marketing Enterprise Members sought to further the common purpose of the enterprise through a fraudulent scheme to change prescriber habits and public perception about the safety and efficacy of opioid use. In so doing, each of the Opioid Marketing Enterprise Members knowingly conducted and participated in the conduct of the Opioid Marketing Activities by engaging in mail and wire fraud in violation of 18 U.S.C. §§ 1962(c) and (d).

256. The Opioid Marketing Enterprise is an association-in-fact enterprise that consists of the Opioid Marketing Enterprise Members.

1           257. Each of the Opioid Marketing Enterprise Members conducted and  
2 participated in the conduct of the Opioid Marketing Enterprise by playing a distinct  
3 role in furthering the enterprise's common purpose of increasing profits and sales  
4 through the knowing and intentional dissemination of false and misleading  
5 information about the safety and efficacy of long-term opioid use, and the risks and  
6 symptoms of addiction, in order to increase the market for prescription opioids by  
7 changing prescriber habits and public perceptions.

8           258. Specifically, the Opioid Marketing Enterprise Members each worked  
9 together to coordinate the enterprise's goals and conceal their role, and the  
10 enterprise's existence, from the public by, among other things, (i) funding, editing  
11 and distributing publications that supported and advanced their false messages; (ii)  
12 funding KOLs to further promote their false messages; and (iii) tasking their own  
13 employees to direct deceptive marketing materials and pitches directly at  
14 physicians.

15           259. Further, each of the Opioid Marketing Enterprise Members had  
16 systematic links to and personal relationships with each other through joint  
17 participation in lobbying groups, trade industry organizations, contractual  
18 relationships and continuing coordination of activities. The systematic links and  
19 personal relationships that were formed and developed allowed members of the  
20 Opioid Marketing Enterprise the opportunity to form the common purpose and  
21 agree to conduct and participate in the conduct of the Opioid Marketing Enterprise.  
22 Specifically, each of the Opioid Marketing Enterprise Members, including  
23 McKinsey working with and through the other Opioid Marketing Enterprise  
24 Members, coordinated their efforts through the same KOLs and front groups, based  
25 on their agreement and understanding that the front groups and KOLs were industry  
26 friendly and would work together with the Opioid Marketing Enterprise Members  
27 to advance the common purpose of the Opioid Marketing Enterprise; and each of  
28 the individuals and entities who formed the Opioid Marketing Enterprise acted to



1 enable the common purpose and fraudulent scheme of the Opioid Marketing  
2 Enterprise.

3 260. At all relevant times, the Opioid Marketing Enterprise: (a) had an  
4 existence separate and distinct from each RICO Marketing Defendant and its  
5 members; (b) was separate and distinct from the pattern of racketeering in which  
6 the Opioid Marketing Enterprise Members engaged; (c) was an ongoing and  
7 continuing organization consisting of individuals, persons, and legal entities,  
8 including each of the Opioid Marketing Enterprise Members; (d) was characterized  
9 by interpersonal relationships between and among each member of the Opioid  
10 Marketing Enterprise; and (e) had sufficient longevity for the enterprise to pursue  
11 its purpose and functioned as a continuing unit.

12 261. The Opioid Marketing Enterprise Members conducted and participated  
13 in the conduct of the Opioid Marketing Enterprise through a pattern of racketeering  
14 activity that employed the use of mail and wire facilities, in violation of 18 U.S.C.  
15 § 1341 (mail fraud) and § 1343 (wire fraud), to increase profits and revenue by  
16 changing prescriber habits and public perceptions in order to increase the  
17 prescription and use of prescription opioids, and expand the market for opioids.

18 262. The Opioid Marketing Enterprise Members each committed, conspired  
19 to commit, and/or aided and abetted in the commission of at least two predicate acts  
20 of racketeering activity (i.e. violations of 18 U.S.C. §§ 1341 and 1343) within the  
21 past ten years. The multiple acts of racketeering activity that the Opioid Marketing  
22 Enterprise Members committed, or aided and abetted in the commission of, were  
23 related to each other, posed a threat of continued racketeering activity, and therefore  
24 constitute a “pattern of racketeering activity.” The racketeering activity was made  
25 possible by the Opioid Marketing Enterprise Members’ regular use of the facilities,  
26 services, distribution channels, and employees of the Opioid Marketing Enterprise,  
27 the U.S. Mail and interstate wire facilities. The Opioid Marketing Enterprise  
28

1 Members participated in the scheme to defraud by using mail, telephones and the  
2 Internet to transmit mailings and wires in interstate or foreign commerce.

3 263. The Opioid Marketing Enterprise Members' predicate acts of  
4 racketeering (18 U.S.C. § 1961(1)) include, but are not limited to:

5 a. Mail Fraud: The Opioid Marketing Enterprise Members  
6 violated 18 U.S.C. § 1341 by sending or receiving, or by causing to be sent  
7 and/or received, materials via U.S. mail or commercial interstate carriers for  
8 the purpose of executing the unlawful scheme to design, manufacture,  
9 market, and sell the prescription opioids by means of false pretenses,  
10 misrepresentations, promises, and omissions.

11 b. Wire Fraud: The Opioid Marketing Enterprise Members  
12 violated 18 U.S.C. § 1343 by transmitting and/or receiving, or by causing to  
13 be transmitted and/or received, materials by wire for the purpose of executing  
14 the unlawful scheme to design, manufacture, market, and sell the prescription  
15 opioids by means of false pretenses, misrepresentations, promises, and  
16 omissions.

17 264. Indeed, as summarized herein, the Opioid Marketing Enterprise  
18 Members used the mail and wires to send or receive thousands of communications,  
19 publications, representations, statements, electronic transmissions and payments to  
20 carry-out the Opioid Marketing Enterprise's fraudulent scheme.

21 265. Because the Opioid Marketing Enterprise Members disguised their  
22 participation in the enterprise, and worked to keep even the enterprise's existence  
23 secret so as to give the false appearance that their false messages reflected the views  
24 of independent third parties, many of the precise dates of the Opioid Marketing  
25 Enterprise's uses of the U.S. Mail and interstate wire facilities (and corresponding  
26 predicate acts of mail and wire fraud) have been hidden and cannot be alleged  
27 without access to the books and records maintained by the Opioid Marketing  
28 Enterprise Members, front groups, and KOLs. Indeed, an essential part of the

1 successful operation of the Opioid Marketing Enterprise alleged herein depended  
2 upon secrecy. However, Plaintiffs have described the occasions on which the  
3 Opioid Marketing Enterprise Members disseminated misrepresentations and false  
4 statements to consumers, prescribers, regulators, and Plaintiffs, and how those acts  
5 were in furtherance of the scheme.

6       266. Each instance of racketeering activity alleged herein was related, had  
7 similar purposes, involved the same or similar participants and methods of  
8 commission, and had similar results affecting similar victims, including consumers,  
9 prescribers, regulators and Plaintiffs. The Opioid Marketing Enterprise Members  
10 calculated and intentionally crafted the scheme and common purpose of the Opioid  
11 Marketing Enterprise to ensure their own profits remained high. In designing and  
12 implementing the scheme, the Opioid Marketing Enterprise Members understood  
13 and intended that those in the distribution chain rely on the integrity of the  
14 pharmaceutical companies and ostensibly neutral third parties to provide objective  
15 and scientific evidence regarding the Opioid Marketing Enterprise Members'  
16 products.

17       267. The Opioid Marketing Enterprise Members' pattern of racketeering  
18 activity alleged herein and the Opioid Marketing Enterprise are separate and distinct  
19 from each other. Likewise, the Opioid Marketing Enterprise Members are distinct  
20 from the Opioid Marketing Enterprise.

21       268. The racketeering activities conducted by the Opioid Marketing  
22 Enterprise Members amounted to a common course of conduct, with a similar  
23 pattern and purpose, intended to deceive consumers, prescribers, regulators and the  
24 Plaintiffs. Each separate use of the U.S. Mail and/or interstate wire facilities  
25 employed by Defendant was related, had similar intended purposes, involved  
26 similar participants and methods of execution, and had the same results affecting  
27 the same victims, including consumers, prescribers, regulators and the Plaintiffs.  
28 The Opioid Marketing Enterprise Members have engaged in the pattern of

1 racketeering activity for the purpose of conducting the ongoing business affairs of  
2 the Opioid Marketing Enterprise.

3 269. Each of the Opioid Marketing Enterprise Members aided and abetted  
4 others in the violations of the above laws, thereby rendering them indictable as  
5 principals in the 18 U.S.C. §§ 1341 and 1343 offenses.

6 270. As described herein, the Opioid Marketing Enterprise Members  
7 engaged in a pattern of related and continuous predicate acts for years. The predicate  
8 acts constituted a variety of unlawful activities, each conducted with the common  
9 purpose of obtaining significant money and revenue from the marketing and sale of  
10 their highly addictive and dangerous drugs. The predicate acts also had the same or  
11 similar results, participants, victims, and methods of commission. The predicate  
12 acts were related and not isolated events.

13 271. The Opioid Marketing Enterprise Members' violations of law and their  
14 pattern of racketeering activity directly and proximately caused Plaintiffs injury in  
15 their business and property. The Opioid Marketing Enterprise Members' pattern of  
16 racketeering activity logically, substantially and foreseeably caused an opioid  
17 epidemic. Plaintiffs' injuries were not unexpected, unforeseen or independent.  
18 Rather, as Plaintiffs allege, the Opioid Marketing Enterprise Members knew that  
19 the opioids were unsuited to treatment of long-term chronic, non-acute, and non-  
20 cancer pain, or for any other use not approved by the FDA, and knew that opioids  
21 were highly addictive and subject to abuse. Nevertheless, the Opioid Marketing  
22 Enterprise Members engaged in a scheme of deception that utilized the mail and  
23 wires in order to carry-out the Opioid Marketing Enterprises' fraudulent scheme,  
24 thereby increasing sales of their opioid products.

25 272. It was foreseeable and expected that the Opioid Marketing Enterprise  
26 Members creating and then participating in the Opioid Marketing Enterprise  
27 through a pattern of racketeering activities to carry-out their fraudulent scheme  
28

1 would lead to a nationwide opioid epidemic, including increased opioid addiction  
2 and overdose.

3 273. Defendant's misleading marketing and failure to prevent prescription  
4 opioid diversion damaged Plaintiffs and Plaintiffs' Community. Defendant's  
5 misconduct has contributed to a range of social problems, including addiction,  
6 violence and delinquency. Adverse social outcomes include child neglect, family  
7 dysfunction, babies born addicted to opioids, criminal behavior, poverty, property  
8 damage, unemployment, and social despair. As a result, more and more of  
9 Plaintiffs' resources are devoted to addiction-related problems.

10 274. Specifically, the Opioid Marketing Enterprise Members' creation of,  
11 and then participation in, the Opioid Marketing Enterprise through a pattern of  
12 racketeering activities to carry-out their fraudulent scheme has injured Plaintiffs in  
13 the form of substantial losses of money and property that logically, directly and  
14 foreseeably arise from the opioid-addiction epidemic. Plaintiffs' injuries, as alleged  
15 in this complaint, and expressly incorporated herein by reference, include, inter alia:

16 a. Costs for providing healthcare and medical care, additional  
17 therapeutic, and prescription drug purchases, and other treatments for  
18 patients suffering from opioid-related addiction or disease, including  
19 overdoses and deaths;

20 b. Costs of training first responders in the proper treatment of drug  
21 overdoses;

22 c. Costs associated with providing first responders with  
23 naloxone—an opioid antagonist used to block the deadly effects of opioids  
24 in the context of overdose;

25 d. Costs associated with emergency responses by first responders  
26 to opioid overdoses;

1 e. Costs for providing mental-health services, treatment,  
2 counseling, rehabilitation services, and social services to victims of the  
3 opioid epidemic and their families;

4 f. Costs for providing treatment of infants born with opioid-related  
5 medical conditions, or born dependent on opioids due to drug use by mother  
6 during pregnancy;

7 g. Costs associated with providing care for children whose parents  
8 suffer from opioid-related disability or incapacitation;

9 h. Costs associated with opioid-related crime.

10 275. Plaintiffs' injuries were directly and thus proximately caused by these  
11 racketeering activities because they were the logical, substantial and foreseeable  
12 cause of Plaintiffs' injuries. But for the opioid-addiction epidemic the Opioid  
13 Marketing Enterprise Members created through their Opioid Marketing Enterprise,  
14 Plaintiffs would need to spend resources on addressing the impacts of the opioid  
15 epidemic as described herein.

16 276. Plaintiffs are the most directly harmed entity and there are no other  
17 Plaintiffs better suited to seek a remedy for the economic harms at issue here.

18 277. Plaintiffs seek all legal and equitable relief as allowed by law,  
19 including, inter alia, actual damages; treble damages; equitable and/or injunctive  
20 relief in the form of court-supervised corrective communication, actions and  
21 programs; forfeiture as deemed proper by the Court; attorneys' fees; all costs and  
22 expenses of suit; and pre- and post-judgment interest, including, inter alia:

23 a. Actual damages and treble damages, including pre-suit and  
24 post-judgment interest;

25 b. An order enjoining any further violations of RICO;

26 c. An order enjoining any further violations of any statutes alleged  
27 to have been violated in this Complaint;  
28

1 d. An order enjoining the commission of any tortious conduct, as  
2 alleged in this Complaint;

3 e. An order enjoining any future marketing or misrepresentations  
4 regarding the health benefits or risks of prescription opioids use, except as  
5 specifically approved by the FDA;

6 f. An order enjoining any future marketing of opioids through non-  
7 branded marketing including through front groups, KOLs, websites, or in any  
8 other manner alleged in this Complaint that deviates from the manner or  
9 method in which such marketing has been approved by the FDA;

10 g. An order enjoining any future marketing to vulnerable  
11 populations, including but not limited to, persons over the age of fifty-five,  
12 anyone under the age of twenty-one, and veterans;

13 h. An order requiring McKinsey to publicly disclose all  
14 documents, communications, records, data, information, research or studies  
15 related to its work with Purdue and other manufacturers of opioids;

16 i. An order divesting McKinsey of any interest in, and the  
17 proceeds of any work related to opioids;

18 j. Forfeiture as deemed appropriate by the Court; and

19 k. Attorneys' fees and all costs and expenses of suit.

20 **Count II: Public Nuisance**

21 278. Plaintiffs incorporate by reference all preceding paragraphs of this  
22 complaint as if fully set forth herein, and further allege as follows:

23 279. McKinsey, through its work with Purdue and other opioid industry  
24 participants, has created and continues to perpetuate and maintain a public nuisance  
25 under statutory and/or the common law in Plaintiffs' Community through the  
26 massive marketing and distribution of millions of doses of highly addictive,  
27 commonly abused prescription pain killers known as opioids.  
28



1           280. The action is brought by Plaintiffs to abate the public nuisance created  
2 by McKinsey through its work with Purdue.

3           281. Section 821B of the Restatement (Second) Torts defines a “public  
4 nuisance” as “an unreasonable interference with a right common to the general  
5 public.”

6           282. McKinsey has created and/or assisted in the creation of a condition that  
7 significantly interferes with public health and public safety. McKinsey’s conduct  
8 has produced a permanent or long-lasting effect, and McKinsey knows its conduct  
9 has a significant effect upon the public right.

10           283. McKinsey’s unlawful conduct, including its misrepresentations and  
11 omissions regarding opioids, generally, and Purdue’s opioids, specifically, have  
12 fueled an opioid epidemic within Plaintiffs’ Community that constitutes a public  
13 nuisance. McKinsey and Purdue knowingly exacerbated a condition that affects  
14 entire municipalities, counties, towns, and communities.

15           284. The public nuisance is substantial and unreasonable. McKinsey’s  
16 actions caused and continue to cause the public health epidemic described above  
17 and that harm outweighs any offsetting benefit.

18           285. McKinsey knew and should have known that Purdue’s and other  
19 opioid manufacturers’ promotion of opioids was false and misleading, and that its  
20 deceptive marketing scheme and other unlawful, unfair, and fraudulent actions  
21 would create or assist in the creation of the public nuisance—the opioid epidemic.

22           286. McKinsey’s actions were, at the very least, a substantial factor in  
23 opioids becoming widely available and widely used. McKinsey’s actions were, at  
24 the very least, a substantial factor in deceiving doctors and patients about the risks  
25 and benefits of opioids for the treatment of chronic pain. Without McKinsey’s  
26 actions, opioid use, misuse, abuse, and addiction would not have become so  
27 widespread, and the opioid epidemic that now exists would have been averted or  
28 much less severe.

1           287. McKinsey has breached its duties to Plaintiffs by disseminating false  
2 and misleading information through Purdue regarding the dangers of opioid use and  
3 by targeting physicians likely to prescribe opioids for pain management despite the  
4 availability of other, less-or non-addictive pain killers.

5           288. Working through Purdue, McKinsey unlawfully provided false or  
6 misleading material information about prescription opioids or unlawfully failed to  
7 use reasonable care or comply with statutory requirements in the marketing and  
8 distribution of prescription opioids.

9           289. McKinsey's acts and omissions created the opioid epidemic and  
10 thereby caused injury to the health of members of Plaintiffs' Community and  
11 interfered with the comfortable enjoyment of life and property of others.

12           290. Plaintiffs did not consent, expressly or impliedly, to the wrongful  
13 conduct of McKinsey.

14           291. McKinsey's acts and omissions affect the entire community of the  
15 Plaintiffs.

16           292. McKinsey's acts and omissions threatened and directly harmed the  
17 health and welfare of the Plaintiffs' Community.

18           293. But for McKinsey's actions, opioid use—and, ultimately, misuse and  
19 abuse— would not be as widespread as it is today, and the opioid epidemic that  
20 currently exists would have been averted.

21           294. McKinsey's conduct, including its misrepresentations and omissions  
22 regarding opioids, generally, and Purdue's opioids, specifically, constitutes  
23 unlawful acts and/or omissions of duties, that annoy, injure, or endanger the  
24 comfort, repose, health, and/or safety of others.

25           295. Logic, common sense, justice, policy and precedent indicate  
26 McKinsey's conduct has caused the damage and harm complained of herein.  
27 McKinsey knew or reasonably should have known that, in devising and assisting  
28 Purdue with implementing a sales and marketing campaign, including Project

1 Turbocharge, that would dramatically increase the amount of OxyContin prescribed  
2 and distributed in the State and in Plaintiffs' Community, it would endanger the  
3 health and safety of residents of Plaintiffs' Community. Thus, the public nuisance  
4 caused by McKinsey in Plaintiffs' Community was reasonably foreseeable,  
5 including the financial and economic losses incurred by Plaintiffs.

6 296. As a direct and proximate result of McKinsey's wrongful conduct as  
7 set forth herein, McKinsey negligently, intentionally and/or unreasonably interfered  
8 with the rights of Plaintiffs and Plaintiffs' Community to be free from unwarranted  
9 injuries, addictions, diseases, sicknesses, overdoses, and criminal actions, and have  
10 caused ongoing damage, harm and inconvenience to Plaintiffs and Plaintiffs'  
11 Community, who have been exposed to the risk of addiction to prescription drugs,  
12 who have become addicted, and/or have suffered other adverse consequences from  
13 the use of addictive prescription drugs, and have been adversely affected by the  
14 addiction and abuse of others in the community from these highly addictive  
15 prescription pain medications.

16 297. McKinsey also has a duty to abate the public nuisance caused by the  
17 prescription opioid epidemic.

18 298. The public nuisance created, perpetuated, and maintained by  
19 McKinsey can be abated and further recurrence of such harm and inconvenience can  
20 be abated.

21 299. McKinsey has failed to abate the nuisance it created.

22 300. Plaintiffs seek an order providing for abatement of the public nuisance  
23 that McKinsey created or assisted in the creation of, and enjoining McKinsey from  
24 future conduct creating a public nuisance.

25 301. Plaintiffs seek damages from McKinsey to pay for the costs to  
26 permanently eliminate the hazards to public health and safety and abate the public  
27 nuisance.  
28





1 from opioids foreseeably and deliberately diverted within and into Plaintiffs'  
2 Community.

3 316. Plaintiffs have expended substantial amounts of money to fix or  
4 mitigate the societal harms caused by McKinsey's conduct.

5 317. Plaintiffs have conferred a benefit upon McKinsey by paying for what  
6 may be called McKinsey's externalities—the costs of the harm caused by  
7 McKinsey's negligent or otherwise unlawful marketing, distribution and sales  
8 practices.

9 318. McKinsey is aware of this obvious benefit, and that retention of this  
10 benefit is unjust.

11 319. Plaintiffs have paid for the cost of McKinsey's externalities and  
12 McKinsey has benefitted from those payments because they allowed McKinsey,  
13 along with Purdue and other opioid manufacturers, to continue providing customers  
14 with a high volume of opioid products. Because of their deceptive marketing of  
15 prescription opioids, McKinsey obtained enrichment they would not otherwise have  
16 obtained. The enrichment was without justification and Plaintiffs lack a remedy  
17 provided by law.

18 320. McKinsey made substantial profits while fueling the prescription drug  
19 epidemic in Plaintiffs' Community.

20 321. McKinsey has been unjustly enriched by its negligent, intentional,  
21 malicious, oppressive, illegal and/or unethical acts, omissions, and wrongdoing.

22 322. It would be inequitable to allow McKinsey to retain these benefits or  
23 financial advantages.

24 323. McKinsey's misconduct alleged in this case has caused ongoing and  
25 persistent hardship to Plaintiffs.

26 324. Plaintiffs demand judgment against McKinsey for restitution,  
27 disgorgement, and any other relief allowed in law or equity.  
28

**VIII. PRAYER FOR RELIEF**

WHEREFORE, Plaintiffs pray that the Court:

- a. Enter judgment against McKinsey and in favor of Plaintiffs;
- b. Award compensatory damages in an amount sufficient to compensate Plaintiffs fairly and completely for all damages, treble damages, pre-judgment and post-judgment interest as provided by law, and that such interest be awarded at the highest legal rate;
- c. Award damages caused by the opioid epidemic, including but not limited to (1) costs for providing medical care and treatment, additional therapeutic and prescription drug purchases including costs of obtaining naloxone and suboxone, as well as other treatments for patients suffering from opioid-related addiction or disease, including overdoses and deaths; (2) costs for providing treatment of infants born with opioid-related medical conditions, including NAS; (3) costs for providing care for children whose parents suffer from opioid-related disability or incapacitation; (4) costs associated with social services, criminal justice and rehabilitation relating to the opioid epidemic; and (5) costs for providing transitional housing for those returning to the community;
- d. Enter orders and procedures to abate the nuisance created by McKinsey's wrongful conduct;
- e. Enjoin McKinsey from continuing or repeating the wrongful conduct alleged herein and from the publication and/or dissemination of false and misleading materials directly or indirectly;
- f. Award Plaintiffs their costs of suit, including reasonable attorneys' fees as provided by law;
- g. Award such further and additional relief as the Court may deem just and proper under the circumstances; and
- h. Grant Plaintiffs the right to amend their pleadings to conform to the evidence produced at trial.



**IX. JURY DEMAND**

Plaintiffs request a trial by jury on all issues so triable.

Dated: August 4, 2022

RESPECTFULLY SUBMITTED:

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**CERTIFICATE OF SERVICE**

I hereby certify that on August 4, 2022, I electronically filed the foregoing with the Clerk of Court which will serve counsel of record using the CM/ECF system.

/s/Mark P. Pifko  
Mark P. Pifko